



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

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

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

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

HASTINGS, JR.

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

Operator Certification Number: **0113**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **0644**

## LIMERICK

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) shown 12/1/2026

12/1/2026

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

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

## **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Required |
|--------------------|-----------------|-------|----------|
| OPERATOR           | WATER TREATMENT | 4     | 30       |
| SUPERINTENDENT     | WATER TREATMENT | 4     | 7        |

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name

## Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here)

I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.

**III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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BEHE

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

Operator Certification Number: **0657**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

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 \_\_\_\_\_

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FORINGER

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

Operator Certification Number: **0676**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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OWENS

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

Operator Certification Number: **0795**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)

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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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FOX

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Operator Certification Number: **0983**

Certification(s) shown  
below will expire on: **12/1/2026**

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

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## **I. CERTIFICATES TO RENEW:**

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

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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

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MATTHEWS

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

Operator Certification Number: **0988**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **10235**

SCHWEINSBERG

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

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

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

Page 2

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10277**

SIGMAN

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) shown 12/1/2026

12/1/2026

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

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

## **I. CERTIFICATES TO RENEW:**

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

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)

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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10281**

THOMPSON

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) shown 12/1/2026

12/1/2026

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

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

## **I. CERTIFICATES TO RENEW:**

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

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Name and Certification Number of  
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YEAGER

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

Operator Certification Number: **10297**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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BAUER

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

Operator Certification Number: **10300**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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

### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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MYERS

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

Operator Certification Number: **10306**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT | 5     | 30                      |
| OPERATOR           | WASTEWATER TREATMENT | A     | 16                      |
| SUPERINTENDENT     | WASTEWATER TREATMENT | 5A    | 14                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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WHITE

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

Operator Certification Number: **10311**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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NORRIS

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

Operator Certification Number: **10312**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)

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

Page 2

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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BLANCHARD, SR

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

Operator Certification Number: **10313**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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



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

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

SMITH

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

Operator Certification Number: **10315**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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KENNEY

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

Operator Certification Number: **10528**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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BURGER,

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

Operator Certification Number: **10801**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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Operator Certification Number: **11075**

STUBBLEFIELD

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

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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WILLIAMS

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

Operator Certification Number: **11163**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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REMBOLD

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

Operator Certification Number: **11255**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             |
|--------------------|----------------------|
| OPERATOR           | WASTEWATER TREATMENT |

| Class | Training Units Required |
|-------|-------------------------|
| A     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Page 2

## III. CONTINUING EDUCATION:

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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HINCKLE

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

Operator Certification Number: **11287**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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CLARK

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

Operator Certification Number: **11340**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 5GW   | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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KOONTZ

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

Operator Certification Number: **11341**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        |
|--------------------|-----------------|
| OPERATOR           | WATER TREATMENT |

| Class | Training Units Required |
|-------|-------------------------|
| 5GW   | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner

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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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SCHADT, III

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

Operator Certification Number: **11417**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)

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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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SWANN

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

Operator Certification Number: **1145**

Certification(s) shown below will expire on: **12/1/2026**

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

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### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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### **VII. APPLICANT'S STATEMENT**

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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

BROWN

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

Operator Certification Number: **11527**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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

### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARTIN

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

Operator Certification Number: **11530**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

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

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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POFFENBERGER

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

Operator Certification Number: **11553**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT | 5     | 30                      |
| OPERATOR           | WASTEWATER TREATMENT | A     | 16                      |
| TEMPORARY          | WATER TREATMENT      | 3     | 45                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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PURNELL, JR

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

Operator Certification Number: **11558**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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HOSKINS

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

Operator Certification Number: **11562**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

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

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(OVER)

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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



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

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

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

BEGGARI

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

Operator Certification Number: **11665**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| TEMPORARY          | INDUSTRIAL WASTEWATER | 6     | 24                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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

### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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WALSH

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

Operator Certification Number: **1191**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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

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HARRIS

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

Operator Certification Number: **12084**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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

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CHASE

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

Operator Certification Number: **1217**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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

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Operator Certification Number: **12267**

CRUPI

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) shown 12/1/2026

12/1/2026

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

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

## **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| TEMPORARY          | WASTEWATER COLLECTION | 2     | 24                      |
| OPERATOR           | WATER TREATMENT       | 2     | 16                      |

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)

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

Page 2

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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Operator Certification Number: **12307**

**SPEAK**

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

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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STULL

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

Operator Certification Number: **12317**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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HARLEY

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

Operator Certification Number: **12435**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        |
|--------------------|-----------------|
| TEMPORARY          | WATER TREATMENT |

| Class | Training Units Required |
|-------|-------------------------|
| 5RO   | 24                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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### **VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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

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Operator Certification Number: **12437**

## STRONG

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) shown 12/1/2026

12/1/2026

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

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

## **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Required |
|--------------------|----------------------|-------|----------|
| TEMPORARY          | WATER TREATMENT      | 4     | 45       |
| TEMPORARY          | WASTEWATER TREATMENT | 4     | 24       |

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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BENTON

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

Operator Certification Number: **1244**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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CALLOWAY

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

Operator Certification Number: **12463**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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ROMBLAD

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

Operator Certification Number: **12474**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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GREGORY, II

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

Operator Certification Number: **1248**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BARRY

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

Operator Certification Number: **12499**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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YATES

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

Operator Certification Number: **12569**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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KAELIN

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

Operator Certification Number: **1257**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

I am employed by the Facility owner

I am currently not operating any Facility

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Facility / Plant Name \_\_\_\_\_

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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



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

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

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

DOBSON JR

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

Operator Certification Number: **12712**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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CROUSE

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

Operator Certification Number: **12870**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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BLUBAUGH

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

Operator Certification Number: **13106**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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

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RAJKOWSKI

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

Operator Certification Number: **13107**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

Facility / Plant Name \_\_\_\_\_

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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

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BENNETT JR

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

Operator Certification Number: **13108**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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FORTUNE

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

Operator Certification Number: **13109**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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Operator Certification Number: **13110**

## BIDLE

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) shown 12/1/2026

12/1/2026

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

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

## **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        |
|--------------------|-----------------|
| TEMPORARY          | WATER TREATMENT |

| Class | Training Units Required |
|-------|-------------------------|
|-------|-------------------------|

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

Facility / Plant Name

### Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BAKER

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

Operator Certification Number: **13111**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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

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SIMS

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

Operator Certification Number: **13112**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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CEBULSKI

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

Operator Certification Number: **13113**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **13114**

HENDERSON

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

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

(OVER)

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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

Operator Certification Number: **13115**

CATHER

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

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BONTEMPO

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

Operator Certification Number: **13116**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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### **VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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NICHOLAS

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

Operator Certification Number: **13120**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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HEALY

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

Operator Certification Number: **13121**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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Operator Certification Number: **13122**

## UPSHAW

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) shown 12/1/2026

12/1/2026

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

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

## I. CERTIFICATES TO RENEW:

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

## II. CURRENT EMPLOYMENT INFORMATION

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Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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



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



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

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ALEXANDER

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

Operator Certification Number: **13128**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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RIDDELL

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

Operator Certification Number: **13136**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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ADAMS

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

Operator Certification Number: **1344**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BOWEN

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

Operator Certification Number: **1547**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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CORBIN

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

Operator Certification Number: **1579**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)

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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MITCHELL

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

Operator Certification Number: **1589**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## **V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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COOPER

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

Operator Certification Number: **1723**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

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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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BLUE

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

Operator Certification Number: **1727**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

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

Page 2

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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HICKEY

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Operator Certification Number: **1927**

Certification(s) shown below will expire on: **12/1/2026**

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

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### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)

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

Page 2

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NERLINGER

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

Operator Certification Number: **2104**

Certification(s) shown below will expire on: **12/1/2026**

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

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### **I. CERTIFICATES TO RENEW:**

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

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Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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

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

Operator Certification Number: **2243**

CLARKE

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) shown 12/1/2026

12/1/2026

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

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

## I. CERTIFICATES TO RENEW:

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

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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LAWRENCE, JR.

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

Operator Certification Number: **2263**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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## VII. APPLICANT'S STATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2327**

DUNCAN

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) shown 12/1/2026

12/1/2026

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

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

## I. CERTIFICATES TO RENEW:

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

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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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 \_\_\_\_\_

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WHALON

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

Operator Certification Number: **2348**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Page 2

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LECOMPTE

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

Operator Certification Number: **2373**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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

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

WALKER

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

Operator Certification Number: **2392**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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Operator Certification Number: **2416**

KELLY

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

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

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

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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AIKEN

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

Operator Certification Number: **2441**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

## III. CONTINUING EDUCATION:

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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FLEMING

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

Operator Certification Number: **2512**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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CARTER

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

Operator Certification Number: **2690**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

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

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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(OVER)

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

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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## VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

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



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



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

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LEASE

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

Operator Certification Number: **2917**

Certification(s) shown below will expire on: **12/1/2026**

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

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

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| SUPERINTENDENT     | WATER TREATMENT      | 3     | 7                       |
| SUPERINTENDENT     | WATER TREATMENT      | 5AS   | 7                       |
| SUPERINTENDENT     | WASTEWATER TREATMENT | 1     | 7                       |
| SUPERINTENDENT     | WASTEWATER TREATMENT | 5     | 7                       |
| SUPERINTENDENT     | WASTEWATER TREATMENT | A     | 7                       |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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ROBEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2930**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 2     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BARHAM, JR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3141**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| TEMPORARY          | WASTEWATER COLLECTION | 2     | 24                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.

**III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **3187**

CHARNEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT | 4     | 30                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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WATTS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3246**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category           | Class | Training Units Required |
|--------------------|--------------------|-------|-------------------------|
| SUPERINTENDENT     | WATER DISTRIBUTION | 1     | 7                       |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

ENSOR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3426**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY          | WASTEWATER TREATMENT | 2     | 24                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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### **VII. APPLICANT'S STATEMENT**

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***



*I consent to receive my certificate(s) by email in lieu of mail*



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JACKSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3502**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY          | WASTEWATER TREATMENT | 4     | 24                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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## VII. APPLICANT'S STATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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GOODMAN JR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3524**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT | 5     | 30                      |
| OPERATOR           | WASTEWATER TREATMENT | A     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

|                       |       |               |                    |
|-----------------------|-------|---------------|--------------------|
| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|                       |       |               |                    |
|                       |       |               |                    |
|                       |       |               |                    |
|                       |       |               |                    |

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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BALL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3601**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 4     | 30                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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STREIB

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3609**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT  | S     | 16                      |
| OPERATOR           | WASTEWATER COLLECTION | 2     | 16                      |
| OPERATOR           | WATER DISTRIBUTION    | 1     | 16                      |
| OPERATOR           | WASTEWATER TREATMENT  | 5     | 30                      |
| OPERATOR           | WASTEWATER TREATMENT  | A     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)

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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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O'BROCKI

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3648**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | INDUSTRIAL WASTEWATER | 7     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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*I consent to receive my certificate(s) by email in lieu of mail*



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UTTERBACK

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3699**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 4     | 30                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **3747**

SCHUMAKER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 5     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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CARBAJAL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3783**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 4     | 30                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3794**

## NETHERS

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) shown 12/1/2026

12/1/2026

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

## **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Required |
|--------------------|-----------------|-------|----------|
| OPERATOR           | WATER TREATMENT | 4     | 30       |
| SUPERINTENDENT     | WATER TREATMENT | 4     | 7        |

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name

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(OVER)

\_\_\_\_ (Initial Here)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Operator Certification Number: **3876**

BEESON

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Certification(s) shown 12/1/2026

12/1/2026

The fee to renew these certifications: **\$50**

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## I. CERTIFICATES TO RENEW:

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT | 5     | 30                      |
| OPERATOR           | WASTEWATER TREATMENT | A     | 16                      |

## II. CURRENT EMPLOYMENT INFORMATION

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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### **VII. APPLICANT'S STATEMENT**

I hereby affirm that I understand all information provided on this application. I also certify the following:

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***



*I consent to receive my certificate(s) by email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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GOOD

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4206**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER COLLECTION | 2     | 16                      |
| OPERATOR           | WATER DISTRIBUTION    | 1     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

|                       |       |               |                    |
|-----------------------|-------|---------------|--------------------|
| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|                       |       |               |                    |
|                       |       |               |                    |
|                       |       |               |                    |
|                       |       |               |                    |

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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SADIK

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4233**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER COLLECTION | 2     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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*I consent to receive my certificate(s) by email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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LAWSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4377**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 5DE   | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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SMITH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4564**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER COLLECTION | 2     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **4595**

## PROCTOR

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) shown 12/1/2026

12/1/2026

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

## I. CERTIFICATES TO RENEW:

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT | 5     | 30                      |
| OPERATOR           | WASTEWATER TREATMENT | A     | 16                      |

## II. CURRENT EMPLOYMENT INFORMATION

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***



*I consent to receive my certificate(s) by email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **4750**

THOMPSON III

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| TEMPORARY          | WATER TREATMENT | 2     | 24                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- 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

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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## VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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JONES

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **5315**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | INDUSTRIAL WASTEWATER | 4     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MASON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **5850**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY          | WASTEWATER TREATMENT | 4     | 24                      |
| TEMPORARY          | WASTEWATER TREATMENT | A     | 24                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

|                       |       |               |                    |
|-----------------------|-------|---------------|--------------------|
| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|                       |       |               |                    |
|                       |       |               |                    |
|                       |       |               |                    |
|                       |       |               |                    |

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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## DOUGLAS

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **5912**

Certification(s) shown  
below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

## **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT | 5     | 30                      |
| OPERATOR           | WASTEWATER TREATMENT | A     | 16                      |

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate:  I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **6079**

WHITLEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

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### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
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| OPERATOR           | WASTEWATER TREATMENT | 5     | 30                      |
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|                       |       |               |                    |
|                       |       |               |                    |
|                       |       |               |                    |

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **6092**

KOPCHINSKI

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 2     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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## VII. APPLICANT'S STATEMENT

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- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***



*I consent to receive my certificate(s) by email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

JACKSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **6923**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT | A     | 16                      |
| SUPERINTENDENT     | WASTEWATER TREATMENT | 5     | 7                       |
| SUPERINTENDENT     | WASTEWATER TREATMENT | A     | 7                       |
| OPERATOR           | WASTEWATER TREATMENT | 5     | 30                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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*I consent to receive my certificate(s) by email in lieu of mail*



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WELTY, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7051**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 1     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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### **VII. APPLICANT'S STATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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*I consent to receive my certificate(s) by email in lieu of mail*



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

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Operator Certification Number: **7067**

## HATTEN

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) shown 12/1/2026

12/1/2026

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

## **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER TREATMENT | 5     | 30                      |
| OPERATOR           | WASTEWATER TREATMENT | A     | 16                      |

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner \_\_\_\_\_

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Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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NAPORA

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7112**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER COLLECTION | 2     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7700**

### SELLERS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| SUPERINTENDENT     | WASTEWATER TREATMENT | 5     | 7                       |
| SUPERINTENDENT     | WASTEWATER TREATMENT | A     | 7                       |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***



*I consent to receive my certificate(s) by email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **7994**

HELMSTETTER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| TEMPORARY          | WASTEWATER TREATMENT | 3     | 45                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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SWANN, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8423**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER COLLECTION | 2     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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DORSEY, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8475**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category           | Class | Training Units Required |
|--------------------|--------------------|-------|-------------------------|
| OPERATOR           | WATER DISTRIBUTION | 1     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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ASHFORD

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8535**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category           | Class | Training Units Required |
|--------------------|--------------------|-------|-------------------------|
| OPERATOR           | WATER DISTRIBUTION | 1     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

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Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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GEPPERT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8892**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 3     | 30                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

**\* AN INCOMPLETE APPLICATION WILL BE RETURNED \***



*I consent to receive my certificate(s) by email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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CAYER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9091**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category           | Class | Training Units Required |
|--------------------|--------------------|-------|-------------------------|
| OPERATOR           | WATER DISTRIBUTION | 1     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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WILKINS, SR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9164**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | WATER DISTRIBUTION    | 1     | 16                      |
| OPERATOR           | WASTEWATER COLLECTION | 2     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

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Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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|                       |       |               |                    |
|-----------------------|-------|---------------|--------------------|
| Facility / Plant Name | Class | PDWIS (Water) | NPDES (Wastewater) |
|                       |       |               |                    |
|                       |       |               |                    |
|                       |       |               |                    |
|                       |       |               |                    |

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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WELLS, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9235**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 4     | 30                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 \_\_\_\_\_

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ELLIOTT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9295**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        |
|--------------------|-----------------|
| OPERATOR           | WATER TREATMENT |

| Class | Training Units Required |
|-------|-------------------------|
| G     | 7                       |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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GEPPERT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9593**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 3     | 30                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **9646**

BAUMGARDNER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | 2     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **9780**

DELUXE

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Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$100**

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### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category             | Class | Training Units Required |
|--------------------|----------------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT      | 1     | 16                      |
| OPERATOR           | WASTEWATER TREATMENT | 1     | 16                      |

### **II. CURRENT EMPLOYMENT INFORMATION**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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KRAMER JR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9796**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category        | Class | Training Units Required |
|--------------------|-----------------|-------|-------------------------|
| OPERATOR           | WATER TREATMENT | G     | 7                       |

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **9864**

## STROBEL

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) shown 12/1/2026

12/1/2026

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

## **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER COLLECTION | 2     | 16                      |
| OPERATOR           | WATER DISTRIBUTION    | 1     | 16                      |

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner \_\_\_\_\_

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(OVER)

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **III. CONTINUING EDUCATION:**

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Date \_\_\_\_\_

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LYLES

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9983**

Certification(s) shown below will expire on: **12/1/2026**

The fee to renew these certifications: **\$50**

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### **I. CERTIFICATES TO RENEW:**

| Certification Type | Category              | Class | Training Units Required |
|--------------------|-----------------------|-------|-------------------------|
| OPERATOR           | WASTEWATER COLLECTION | 2     | 16                      |

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