



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

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GALLION

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: **0151**

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

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.

- 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
- 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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DYSON

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: **0373**

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

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

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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.



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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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GLADHILL

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: **0380**

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

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
OPERATOR	WASTEWATER TREATMENT	S	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

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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

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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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HAINES

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: **0414**

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

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	3	30
OPERATOR	WASTEWATER TREATMENT	S	16
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	INDUSTRIAL WASTEWATER	5	30
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

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

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RYE

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: **0422**

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

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	5RO	16
TEMPORARY	WATER TREATMENT	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)

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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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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: **0440**

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

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
OPERATOR	WASTEWATER TREATMENT	S	16

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Employer's Name:

Phone #:

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

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## 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

**\* 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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CRUMBACKER

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: **0480**

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

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

*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

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

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IMAN

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: **0491**

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

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 #: \_\_\_\_\_

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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

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

Date \_\_\_\_\_

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

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IMMLER

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Operator Certification Number: **0492**

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

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 TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	S	16
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

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Name and Certification Number of  
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## V. LATE FEES AND REINSTATEMENT

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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: **0554**

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

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

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Name and Certification Number of  
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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **0583**

## WINFIELD

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 1/1/2026

1/1/2026

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

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

Certification Type	Category	Class	Training Hours Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16

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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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LYNCH

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: **0608**

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

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	3	30
OPERATOR	INDUSTRIAL WASTEWATER	4	16
OPERATOR	INDUSTRIAL WASTEWATER	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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- 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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TROXLER, 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: **0933**

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

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

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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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SAVOY

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: **0942**

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

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

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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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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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PENDLEY

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: **10130**

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

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)

\_\_\_\_ (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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RAGER

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: **10458**

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

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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# 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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## 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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DYKE

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: **10513**

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

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

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

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

Date \_\_\_\_\_

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

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

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

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



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Operator Certification Number: **10598**

SIMMONS

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: **1/1/2026**

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)

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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: \_\_\_\_\_

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

Date \_\_\_\_\_

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GEALY

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: **10599**

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

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 #: \_\_\_\_\_

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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: \_\_\_\_\_

## 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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GUY

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: **10736**

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

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)

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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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BAILEY

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: **1077**

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

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
SUPERINTENDENT	WASTEWATER COLLECTION

Class	Training Units Required
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

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

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

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DUCKWORTH

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: **1083**

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

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

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

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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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- 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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HILL

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: **10927**

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

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
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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## 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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YOUNG

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: **1108**

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

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
SUPERINTENDENT	WASTEWATER TREATMENT	S	y
SUPERINTENDENT	WATER TREATMENT	3	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	5AS	16
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	2	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	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)

\_\_\_\_ (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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FLOYD

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: **11424**

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

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 #: \_\_\_\_\_

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

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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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ENDALE

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: **11459**

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

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

## III. CONTINUING EDUCATION:

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Name and Certification Number of  
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## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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JOHNSON

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: **11560**

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

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 #: \_\_\_\_\_

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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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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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HARVEY

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: **11647**

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

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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- 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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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

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

## V. LATE FEES AND REINSTATEMENT

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- 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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MURPHY

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: **12280**

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

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	5RO	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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- 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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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **1235**

MCBRIDE

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 1/1/2026

1/1/2026

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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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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DOVE

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: **1264**

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

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
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
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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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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SANTORO

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: **12682**

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

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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(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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BOVA

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: **12683**

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

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 #: \_\_\_\_\_

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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:**

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

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

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

Date \_\_\_\_\_

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

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

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

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WADE

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: **12714**

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

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

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

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

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TOLODZIECKI

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: **12725**

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

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	INDUSTRIAL WASTEWATER	2	0
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	4	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

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

Date \_\_\_\_\_

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

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HOLTZ

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: **12737**

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

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

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Name and Certification Number of  
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## V. LATE FEES AND REINSTATEMENT

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SORRICK

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: **12738**

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

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**

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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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Operator Certification Number: **12739**

JOHNSON 3RD

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: **1/1/2026**

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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### **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 \_\_\_\_\_

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: **12740**

BLICKENSTAFF

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: **1/1/2026**

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.

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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 \_\_\_\_\_

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LEWIS

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: **12745**

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

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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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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CAPANO

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: **12750**

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

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

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HART

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: **12751**

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

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

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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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TYLER

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: **12752**

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

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	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

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

Page 2

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Date \_\_\_\_\_

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GREEN

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: **12753**

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

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

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

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

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

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

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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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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ROE

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: **12754**

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

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

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BEYERLEIN

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: **12762**

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

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	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.

- 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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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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TABIDI

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: **12763**

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

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	4	45
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

- 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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*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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MUSSER

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: **12764**

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

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: \_\_\_\_\_

## 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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BATEMAN

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: **12765**

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

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 #: \_\_\_\_\_

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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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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

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

## V. LATE FEES AND REINSTATEMENT

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

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: **12766**

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

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

*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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HARRISON

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: **12767**

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

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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(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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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: **12768**

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

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

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: **12769**

RICE

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: **1/1/2026**

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
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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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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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## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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DOLCIN

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: **12770**

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

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 #: \_\_\_\_\_

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

Page 2

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks 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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HILL

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: **12771**

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

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	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.

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

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

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

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

Date \_\_\_\_\_

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

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WILSON

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: **12772**

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

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

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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- 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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HOLMES

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: **12773**

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

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

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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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HOPKINS 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: **12774**

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

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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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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- 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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Operator Certification Number: **12775**

CARTER

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: **1/1/2026**

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  
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## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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ZYGMUNT

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: **12779**

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

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 #: \_\_\_\_\_

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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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- 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.
- 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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*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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HUGHES

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: **12780**

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

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

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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 \_\_\_\_\_

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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: **12781**

WATSON

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  
below will expire on: **1/1/2026**

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

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

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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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MINGO

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: **12782**

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

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)

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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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Operator Certification Number: **12783**

CORNIER

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: **1/1/2026**

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

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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: \_\_\_\_\_

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

Date \_\_\_\_\_

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EDWARD

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: **1317**

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

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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# 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

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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BRYAN

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: **1363**

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

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
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7
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
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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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TYLER

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: **1427**

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

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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- 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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LEAK, 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: **1505**

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

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.
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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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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: **1615**

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

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
SUPERINTENDENT	WATER TREATMENT

Class	Training Units Required
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

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

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Operator Certification Number: **1654**

## SWALES

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 1/1/2026

1/1/2026

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	5	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER COLLECTION	2	16
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 \_\_\_\_\_

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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  
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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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*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.**

UPHOLD

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: **1655**

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

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
OPERATOR	WASTEWATER TREATMENT	5	30
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	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.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

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

## V. LATE FEES AND REINSTATEMENT

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

## VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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

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ORNDORFF

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: **1697**

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

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
OPERATOR	WASTEWATER TREATMENT	5	30
SUPERINTENDENT	WATER TREATMENT	3	7
OPERATOR	INDUSTRIAL WASTEWATER	6	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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- 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.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

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

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

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

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

Date \_\_\_\_\_

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

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

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

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

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TYLER

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: **1720**

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

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
SUPERINTENDENT	WASTEWATER TREATMENT	5	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**

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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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GRADY

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: **1739**

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

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:

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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 \_\_\_\_\_

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Operator Certification Number: **1749**

COLLIFLOWER

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: **1/1/2026**

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	4	30
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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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: **1796**

DAYTON

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: **1/1/2026**

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	6	16

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

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

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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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- 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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Operator Certification Number: **1829**

HARRINGTON

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: **1/1/2026**

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 #: \_\_\_\_\_

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

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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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PASCALL

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: **1894**

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

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**

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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

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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WILES

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: **1896**

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

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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(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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## V. LATE FEES AND REINSTATEMENT

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LESLIE

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: **1900**

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

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

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### **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**

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

Page 2

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GIBSON

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: **1905**

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

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

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

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

- 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.**

Operator Certification Number: **1924**

LUU

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 1/1/2026

1/1/2026

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	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.

- 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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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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BACOAT

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: **1933**

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

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

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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: \_\_\_\_\_

## 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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TURNER

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: **1992**

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

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
OPERATOR	WASTEWATER TREATMENT	S	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

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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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Operator Certification Number: **1998**

WIGGINS

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: **1/1/2026**

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
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	2	16
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)

\_\_\_\_ (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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GREESON 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: **2001**

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

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	A	16
OPERATOR	WASTEWATER TREATMENT	S	16
OPERATOR	WASTEWATER TREATMENT	5	30

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

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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 \_\_\_\_\_

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: **2006**

FLIGHT

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: **1/1/2026**

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
OPERATOR	WASTEWATER TREATMENT	S	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.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

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

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

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

Date \_\_\_\_\_

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

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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: **2036**

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

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	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
OPERATOR	WASTEWATER TREATMENT	A	16
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

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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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## 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

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NOLAN

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: **2096**

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

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	WASTEWATER TREATMENT	5	7
OPERATOR	WATER TREATMENT	2	16
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WATER TREATMENT	1	7
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	4	30
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

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

Date \_\_\_\_\_

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

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DUVAL

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: **2102**

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

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:

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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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BACON

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: **2147**

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

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	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

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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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DUNCAN

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: **2327**

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

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 #: \_\_\_\_\_

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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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

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

## V. LATE FEES AND REINSTATEMENT

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

Operator Certification Number: **2330**

ARNETT

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 1/1/2026

1/1/2026

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

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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BLAKE

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: **2467**

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

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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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 \_\_\_\_\_

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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UNDERWOOD 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: **2672**

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

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	WASTEWATER COLLECTION	2	7
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

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

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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: \_\_\_\_\_

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

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Operator Certification Number: **2687**

POOL

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: **1/1/2026**

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
SUPERINTENDENT	WASTEWATER COLLECTION	2	7

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

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

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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 \_\_\_\_\_

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ORNDORFF

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: **2745**

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

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	5RO	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

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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**

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.**

SCHMIDT

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: **2757**

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

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 #: \_\_\_\_\_

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: \_\_\_\_\_

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

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Operator Certification Number: **2936**

## WARREN

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 1/1/2026

1/1/2026

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

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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BARNES, 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: **2980**

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

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)

\_\_\_\_ (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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HART

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: **3213**

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

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)

\_\_\_\_ (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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HALLER

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: **3254**

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

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  
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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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HUTCHINS

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: **3272**

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

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.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

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

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

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Date \_\_\_\_\_

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KAWALEY

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: **3276**

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

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 #: \_\_\_\_\_

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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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RUTH 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: **3278**

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

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	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24
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

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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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Operator Certification Number: **3279**

FORD

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: **1/1/2026**

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 #: \_\_\_\_\_

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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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NOSACEK

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: **3292**

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

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 #: \_\_\_\_\_

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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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## 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.**

WYATT 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: **3297**

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

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

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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- 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.

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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

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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*



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WALTERS

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: **3300**

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

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

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Operator Certification Number: **3313**

FORD

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 1/1/2026

1/1/2026

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	INDUSTRIAL WASTEWATER	5	45
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 \_\_\_\_\_

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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

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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: **3328**

FLANDERS

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: **1/1/2026**

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

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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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- 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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MILLER

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: **3345**

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

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

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### **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

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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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STOCKDALE

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: **3347**

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

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 DISTRIBUTION	1	24
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)

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

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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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- 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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HOLTMAN

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: **3735**

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

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:

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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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ALBERTSON

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: **3815**

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

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

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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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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: **3866**

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

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)

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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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## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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CASEY, 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: **3953**

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

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

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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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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: **1/1/2026**

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

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

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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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DENNIS

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: **4521**

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

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.

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

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

## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **4741**

SPAK

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: **1/1/2026**

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 TREATMENT	2	16
SUPERINTENDENT	WATER TREATMENT	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

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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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- 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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **4771**

VAONAKIS

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 1/1/2026

1/1/2026

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:

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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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THOMPSON

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: **4813**

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

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
OPERATOR	WASTEWATER TREATMENT	S	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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AUSHERMAN

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: **5032**

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

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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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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FUSS

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: **5115**

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

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 #: \_\_\_\_\_

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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## 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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- 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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## DIONISIO

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: **5157**

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

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 TREATMENT	2	16
OPERATOR	WATER TREATMENT	5	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**

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

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

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

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

Date \_\_\_\_\_

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

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

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

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EYLER

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: **5308**

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

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	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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- 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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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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RILEY

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: **5392**

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

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	4	30
OPERATOR	WATER TREATMENT	2	16
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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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Operator Certification Number: **5697**

ANGLEBERGER

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: **1/1/2026**

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	WATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	6	16
SUPERINTENDENT	WATER TREATMENT	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

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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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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: **5903**

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

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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(OVER)

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# 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.
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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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MUTH

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: **6029**

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

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

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BOEHME

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: **6106**

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

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

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

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PARKER, 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: **6165**

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

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.

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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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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

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

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Operator Certification Number: **6292**

SCHLOTTERBECK

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: **1/1/2026**

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	3	30
OPERATOR	WATER TREATMENT	5	16
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

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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: \_\_\_\_\_

## 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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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: **6524**

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

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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# 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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- 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.**

MILLS, 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: **6916**

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

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
SUPERINTENDENT	WASTEWATER TREATMENT	4	7
SUPERINTENDENT	INDUSTRIAL WASTEWATER	5	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	4	30
OPERATOR	INDUSTRIAL WASTEWATER	5	30
OPERATOR	INDUSTRIAL WASTEWATER	7	16
OPERATOR	WASTEWATER TREATMENT	6	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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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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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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HEFLIN

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: **7038**

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

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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- 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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JOHNSON

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: **7125**

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

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
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

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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### **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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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: **7654**

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

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

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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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## 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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DEEMS

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: **7727**

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

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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(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 \_\_\_\_\_

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

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CAUDILL

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: **7826**

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

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.

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

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

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

## V. LATE FEES AND REINSTATEMENT

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

## VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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

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



*I consent to receive my certificate(s) by 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.**

HAWLEY

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: **7856**

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

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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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

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

## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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

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

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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.*

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HOGAN, 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: **8650**

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

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.

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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

**\* 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.*

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MERCER

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: **8802**

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

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	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:

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

## V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks 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: **8834**

REESE

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  
below will expire on: **1/1/2026**

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

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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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Date \_\_\_\_\_

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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: **8987**

WEAVER

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: **1/1/2026**

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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- 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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HOULIHAN

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: **9101**

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

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

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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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PURNELL

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: **9168**

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

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

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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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## 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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HORD

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: **9632**

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

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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## 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 \_\_\_\_\_

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HENSEL

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: **9743**

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

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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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  
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BOGIE

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: **9875**

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

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
OPERATOR	WATER TREATMENT	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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## III. CONTINUING EDUCATION:

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

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

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

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

## V. LATE FEES AND REINSTATEMENT

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

## VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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

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



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



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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.**

WADE

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: **9999**

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

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.



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