



## 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.**

ALVARADO

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: **0749**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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

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



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RAAB

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: **0756**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

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

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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WOLFREY

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: **0872**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

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

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

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

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I provide contractual services to the Facility

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

(OVER)

**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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BALLANTYNE

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: **0875**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

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

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

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

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

(OVER)

**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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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: **2/1/2025**

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)

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

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SWARTZ

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: **0956**

Certification(s) shown below will expire on: **2/1/2025**

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

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

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	S	y
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	4	7
TEMPORARY	WATER TREATMENT	5AS	24

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

Employer's Name: \_\_\_\_\_

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

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

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Facility / Plant Name \_\_\_\_\_

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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

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

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

Date \_\_\_\_\_

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

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

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

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



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



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

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LANE

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: **0996**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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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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BOND

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: **1035**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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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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GARCIA

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: **10557**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WASTEWATER COLLECTION

Class	Training Units Required
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)

**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.
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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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SETH

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: **10578**

Certification(s) shown below will expire on: **2/1/2025**

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
TEMPORARY	WATER TREATMENT	5	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)

**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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TANNER

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: **1058**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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KYLE

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: **10780**

Certification(s) shown below will expire on: **2/1/2025**

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

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)

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- 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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*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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BARNES

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: **10795**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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

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

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MITTS

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: **10798**

Certification(s) shown below will expire on: **2/1/2025**

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

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)

**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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**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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BOOTH

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: **10799**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

**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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**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

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: **10803**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

**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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BRENGLE

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: **10804**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	WATER TREATMENT

Class	Training Units Required
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)

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

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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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BURDETTE

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: **10806**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Operator Certification Number: **10807**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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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- 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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- 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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LANKENAU

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: **11120**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	WATER DISTRIBUTION

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: **11249**

## PERSING

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: **2/1/2025**

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

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

(OVER)

**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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DEVILBISS

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: **11475**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	WATER TREATMENT

Class	Training Units Required
4	45

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

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

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

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

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

(OVER)

**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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POFFENBERGER

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

Operator Certification Number: **11553**

Certification(s) shown below will expire on: **2/1/2025**

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

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

Certification Type	Category
TEMPORARY	WATER TREATMENT

Class	Training Units Required
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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- 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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KREMPEL

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: **1172**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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

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

Date \_\_\_\_\_

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

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

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

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

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YOST

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: **1199**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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

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

Date \_\_\_\_\_

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

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

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

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

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PIPIK

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: **12002**

Certification(s) shown below will expire on: **2/1/2025**

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)

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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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HEINES

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: **12179**

Certification(s) shown below will expire on: **2/1/2025**

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	6	24

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

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

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

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

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

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

(OVER)

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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**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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GAITHER

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: **1218**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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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HENDRICKSON

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: **12184**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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**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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COVERDALE

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: **12247**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

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

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

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

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

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

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

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

(OVER)

**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.
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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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FOY

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: **12291**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	WATER DISTRIBUTION

Class	Training Units Required
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)

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

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

Date \_\_\_\_\_

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

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

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

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LARIMORE

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: **12292**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	1	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)

**III. CONTINUING EDUCATION:**

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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RAMELIZE

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: **12293**

Certification(s) shown below will expire on: **2/1/2025**

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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*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)

**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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YATES

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

Operator Certification Number: **12294**

Certification(s) shown below will expire on: **2/1/2025**

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

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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: \_\_\_\_\_

**V. LATE FEES AND REINSTATEMENT**

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Date \_\_\_\_\_

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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.**

Operator Certification Number: **12296**

HALLER

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: **2/1/2025**

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	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)

**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*



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

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COLLINS

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: **12297**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	WASTEWATER TREATMENT

Class	Training Units Required
S	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)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

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

Date \_\_\_\_\_

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

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

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

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FREGOSO

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: **12300**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

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

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

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

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

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

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

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

(OVER)

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

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

Date \_\_\_\_\_

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

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SCHAEFFER

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: **12308**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

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

Date \_\_\_\_\_

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

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

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## 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: **12309**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	2	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)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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THOMAS

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: **12310**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

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SMITH

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

Operator Certification Number: **12311**

Certification(s) shown below will expire on: **2/1/2025**

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

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)

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

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

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

Date \_\_\_\_\_

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

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

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

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

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HALL

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: **12312**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	WATER TREATMENT

Class	Training Units Required
4	45

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

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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- I 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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CRENSHAW

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: **12313**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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SIGWART

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: **12314**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

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

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

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

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

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

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

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

(OVER)

**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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Date \_\_\_\_\_

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SMITH

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

Operator Certification Number: **12315**

Certification(s) shown below will expire on: **2/1/2025**

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

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)

**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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BLADES

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: **12316**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	WATER TREATMENT

Class	Training Units Required
4	45

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

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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: **12318**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	WATER DISTRIBUTION

Class	Training Units Required
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)

**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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**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 \_\_\_\_\_

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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GALLA

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: **12319**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	4	45
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)

**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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**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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SAWYERS

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: **12320**

Certification(s) shown below will expire on: **2/1/2025**

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	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	3	45

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

Employer's Name: \_\_\_\_\_

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

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

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MCDANIEL

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: **12321**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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BARRETT

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: **12322**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	WATER DISTRIBUTION

Class	Training Units Required
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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I provide contractual services to the Facility

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

(OVER)

**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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Date \_\_\_\_\_

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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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WILLARD

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: **12324**

Certification(s) shown below will expire on: **2/1/2025**

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	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)

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

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FRONDORF

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: **12327**

Certification(s) shown below will expire on: **2/1/2025**

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	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)

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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

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

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

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BOOTH

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: **12328**

Certification(s) shown below will expire on: **2/1/2025**

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	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)

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

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

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

Date \_\_\_\_\_

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

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

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

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

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BELCHER

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: **12329**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	INDUSTRIAL WASTEWATER

Class	Training Units Required
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)

**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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- 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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BIXLER

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: **12330**

Certification(s) shown below will expire on: **2/1/2025**

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	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)

**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 \_\_\_\_\_

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PHILLIPS

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: **12331**

Certification(s) shown below will expire on: **2/1/2025**

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

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)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- 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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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: **12332**

Certification(s) shown below will expire on: **2/1/2025**

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

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)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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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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MORALES

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: **12333**

Certification(s) shown below will expire on: **2/1/2025**

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

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)

**III. CONTINUING EDUCATION:**

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

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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

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

Date \_\_\_\_\_

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

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

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

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

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ZERNHELT

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: **12334**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	INDUSTRIAL WASTEWATER

Class	Training Units Required
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)

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

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BEDNAR

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: **12335**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
TEMPORARY	INDUSTRIAL WASTEWATER

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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JONES

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

Operator Certification Number: **12336**

Certification(s) shown below will expire on: **2/1/2025**

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	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)

**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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RIGGLEMAN

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: **12337**

Certification(s) shown below will expire on: **2/1/2025**

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	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)

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

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

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

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- 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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*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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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: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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

Date \_\_\_\_\_

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

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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CREWS

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: **13184**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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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**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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ROWLAND

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: **1339**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
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)

**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**

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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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SMITH, 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: **1395**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

**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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LUDLOW

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: **1447**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
1	16

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

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

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

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(OVER)

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Name and Certification Number of  
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Date \_\_\_\_\_

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



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

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

DRAALLMEIER

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: **1450**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
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)

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

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WOODS

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: **1685**

Certification(s) shown below will expire on: **2/1/2025**

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

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)

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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

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

Date \_\_\_\_\_

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

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

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

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

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BRANTNER

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: **2106**

Certification(s) shown below will expire on: **2/1/2025**

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	5DE	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WATER TREATMENT	4	7
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	5DE	16
OPERATOR	WATER TREATMENT	4	30
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)

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

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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- I 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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BECKER

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: **2110**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

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

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

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

Date \_\_\_\_\_

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

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

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

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

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GOSNELL

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: **2233**

Certification(s) shown below will expire on: **2/1/2025**

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)

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

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CLARK

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

Operator Certification Number: **2297**

Certification(s) shown below will expire on: **2/1/2025**

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	INDUSTRIAL WASTEWATER	2	0
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	3	7
SUPERINTENDENT	WATER TREATMENT	5GW	7
SUPERINTENDENT	WATER TREATMENT	4	7
OPERATOR	WASTEWATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	5GW	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WATER TREATMENT	1	16
OPERATOR	INDUSTRIAL WASTEWATER	7	16
OPERATOR	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WASTEWATER TREATMENT	5	30
SUPERINTENDENT	INDUSTRIAL WASTEWATER	7	7

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

Employer's Name: \_\_\_\_\_

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

**III. CONTINUING EDUCATION:**

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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

- 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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*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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SMITH

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

Operator Certification Number: **2430**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

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

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

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

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

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

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

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

(OVER)

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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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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ALLEN

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: **2453**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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**

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

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

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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

Date \_\_\_\_\_

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

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SMITH, 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: **2501**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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**

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

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

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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

Date \_\_\_\_\_

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

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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: **2504**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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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MATHIEU

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: **2685**

Certification(s) shown below will expire on: **2/1/2025**

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
OPERATOR	WATER TREATMENT	3	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

I am currently not operating any Facility

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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

**III. CONTINUING EDUCATION:**

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

Date \_\_\_\_\_

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



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

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

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

DUDOK

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: **2691**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

**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 \***



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

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BURTON, 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: **2738**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- 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**

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

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

Date \_\_\_\_\_

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

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

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

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

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BULLOCK

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: **2820**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

**VII. APPLICANT'S STATEMENT**

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

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

Date \_\_\_\_\_

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

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

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

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

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Operator Certification Number: **2883**

SMITH, JR.

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: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

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**IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

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

Date \_\_\_\_\_

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

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

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

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

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KOSMALSKI

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: **2884**

Certification(s) shown below will expire on: **2/1/2025**

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)

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

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STRITE

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: **3116**

Certification(s) shown below will expire on: **2/1/2025**

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	INDUSTRIAL WASTEWATER	7	16
OPERATOR	WASTEWATER TREATMENT	6	16
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	2	16
OPERATOR	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WATER TREATMENT	4	30
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

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

(OVER)

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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

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

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

Date \_\_\_\_\_

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

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

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

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



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



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

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PHILLIPS II

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

Operator Certification Number: **3203**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER DISTRIBUTION

Class	Training Units Required
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)

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

Date \_\_\_\_\_

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

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: **3379**

## BAILEY

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: **2/1/2025**

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
SUPERINTENDENT	WATER TREATMENT	3	7

## II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

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

(OVER)

**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**

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

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CANTER

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: **3521**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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**

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

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

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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

Date \_\_\_\_\_

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

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

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

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

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SMITH

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

Operator Certification Number: **3956**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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

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

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CAMPBELL

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: **3961**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	INDUSTRIAL WASTEWATER

Class	Training Units Required
2	0

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

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

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

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

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

(OVER)

**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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EASLEY

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: **4176**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	INDUSTRIAL WASTEWATER

Class	Training Units Required
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)

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

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

**V. LATE FEES AND REINSTATEMENT**

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

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

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

Date \_\_\_\_\_

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

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

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

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



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



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

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SHOWELL

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: **4691**

Certification(s) shown below will expire on: **2/1/2025**

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 TREATMENT

Class	Training Units Required
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)

**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 \_\_\_\_\_

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

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HOWELLS

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: **4857**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

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

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Operator Certification Number: **4872**

## FOSTER

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: **2/1/2025**

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

(OVER)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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WILLEN

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: **4895**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

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

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

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

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

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

(OVER)

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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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LOCKHART, 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: **4923**

Certification(s) shown below will expire on: **2/1/2025**

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)

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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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MOSES

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: **4933**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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)

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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

**VII. APPLICANT'S STATEMENT**

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

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

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

Date \_\_\_\_\_

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

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

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WANCOWICZ

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: **4937**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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**

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

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

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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

Date \_\_\_\_\_

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

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LEPUS

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: **4961**

Certification(s) shown below will expire on: **2/1/2025**

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)

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

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FRETT

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: **4972**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	WATER TREATMENT

Class	Training Units Required
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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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)

**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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**KNIGHT**

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: **5172**

Certification(s) shown below will expire on: **2/1/2025**

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

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

(OVER)

**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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Date \_\_\_\_\_

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BUTLER

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: **5919**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

**VII. APPLICANT'S STATEMENT**

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- I 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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MORTON

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: **6976**

Certification(s) shown below will expire on: **2/1/2025**

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)

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

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

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

**V. LATE FEES AND REINSTATEMENT**

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**VII. APPLICANT'S STATEMENT**

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

Date \_\_\_\_\_

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

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KENNEDY

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: **7216**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	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)

**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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**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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MANGOLD

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: **7581**

Certification(s) shown below will expire on: **2/1/2025**

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	INDUSTRIAL WASTEWATER	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

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

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

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

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

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

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

(OVER)

**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 \_\_\_\_\_

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

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Operator Certification Number: **7898**

SCHWINABART

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: **2/1/2025**

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

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)

**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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Date \_\_\_\_\_

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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: **8088**

Certification(s) shown below will expire on: **2/1/2025**

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

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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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Date \_\_\_\_\_

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FERRIS

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: **8798**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category
OPERATOR	INDUSTRIAL WASTEWATER

Class	Training Units Required
7	16

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

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

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

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

(OVER)

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

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

**V. LATE FEES AND REINSTATEMENT**

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

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

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

Date \_\_\_\_\_

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

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

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

**\* 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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BOYD

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: **8890**

Certification(s) shown below will expire on: **2/1/2025**

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)

**III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training 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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SMITH, 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: **9137**

Certification(s) shown below will expire on: **2/1/2025**

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)

**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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DAVID

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: **9673**

Certification(s) shown below will expire on: **2/1/2025**

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
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)

**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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**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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**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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SHREVE, 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: **9811**

Certification(s) shown below will expire on: **2/1/2025**

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

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

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

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

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

Employer's Name: \_\_\_\_\_

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

**III. CONTINUING EDUCATION:**

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

**V. LATE FEES AND REINSTATEMENT**

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

Date \_\_\_\_\_

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POWELL, 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: **9917**

Certification(s) shown below will expire on: **2/1/2025**

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)

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

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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*