

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

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

This is page one of a two page form. Both pages must be completed and returned. Open				erator Certifcation	0749	
	Please enter you're current address on the lines below and, if necessar	y,	Certification(s) shown below will expire on: 2/1/2025		2/1/2025	
	correct the City, state and ZIP Code. P	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		\$50
				requirements result in a	by the exp	submit renewal piration date will al late fees as
I. CERTIFIC	ATES TO RENEW:			uese		raining Units
Certification T	pe Category			Class		equired
OPERATOR	WASTEV	VATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFORMATIO	ON				
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 pro	vide contractual	l services to	the Facility
Please provide the	e following information about each Fa	cility/Plant that you operate. U	se addtion	ial pages as nee	ded.	
Facility / Plant Name		Class PI	OWIS (Water)	NPDES (V	Vastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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VII. APPLICANT'S STATEMENT

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Applicant's Signature:		Date
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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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corre				The fee to recer	enew these tifications	Q 1 / 1/1
				requirements result in a	by the ex	submit renewal piration date will nal late fees as ection V.
<u>I. CERTIFICATE</u>	ES TO RENEW:				٦	Fraining Units
Certification Type		Category		Class	F	Required
OPERATOR	1	WATER TREATMENT		1	-	16
OPERATOR	1	WASTEWATER TREATMENT		5	3	30
OPERATOR	1	WASTEWATER TREATMENT		Α	,	16
SUPERINTENDEN	T \	WASTEWATER TREATMENT		5	7	7
SUPERINTENDEN	T \	WASTEWATER TREATMENT		Α	7	7
II. CURRENT EMP	PLOYMENT INFO	RMATION				
Employer's Name:				Phone #	# :	
Number of Facilities (o	r Plants) that you curre	ently operate:		I am employe	ed by the F	Cacility owner
I am currently not opera	ating any Facility]	I pro	vide contractual	l services t	o the Facility
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Facility / Plant Name			Class PI	OWIS (Water)	NPDES (Wastewater)



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Operator in Resp	ponsible Charge:

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WOLFREY	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: 2/1/20		2/1/2025	
		The fee to renew these certifications: \$50			
			requirement	s by the exp	submit renewal piration date will al late fees as action V.
I. CERTIFI	CATES TO RENEW:			T	raining Units
Certification	Type Category		Class		equired
OPERATOR	WATER DISTRI	BUTION	1	16	6
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:		Phone	#:	
Number of Fac	ilities (or Plants) that you currently operate:		I am employ	red by the Fa	acility 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 (W	Vastewater)



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	lease enter you're current address on the lines below and, if necess	Certification(s) show sary, below will expire of	
CC	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew the certification	4 - 11
		Failure to complete requirements by the result in an additi	expiration date will ional late fees as
I. CERTIFICA	TES TO RENEW:		Training Units
Certification Typ	oe Category	Class	Required
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:	I am employed by the	Facility owner
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SAVOY	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) shown below will expire on: 2/1/2025		2/1/2025	
c	correct the City, state and ZIP Code.	e City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
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I. CERTIFIC	ATES TO RENEW:			***************************************		ining Units
Certification T	ype Categor	у		Class		quired
TEMPORARY	WASTE	WATER COLLECTION		2	24	
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Employer's Name:			Phone #:			
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SWARTZ Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.			essary,	Certification(s) shown below will expire on: 2/1/2		2/1/2025
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<u>I. CERTIFIC</u>	CATES TO RENEW	<u>.</u>			Tr	aining Units
Certification 7	Гуре	Category		Class	Re	quired
SUPERINTEN	NDENT	WASTEWATER TREATMENT		Α	7	
SUPERINTEN	NDENT	WASTEWATER TREATMENT		S	У	
SUPERINTEN	NDENT	WASTEWATER TREATMENT		5	7	
SUPERINTEN	NDENT	WASTEWATER TREATMENT		4	7	
TEMPORARY	′	WATER TREATMENT		5AS	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you cu	rrently operate:		I am employed	l by the Fac	cility owner
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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *	
I consent to receive my certificate()	s) by emial in lieu of mail		



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

This is page of	one of a two page form. Bo	th pages must be completed and re	turned. C	Operator Certifcation Nu	mber: 0996	
	•	nt address on the lines below and, if r	necessary,	Certification(s) shown below will expire on:	// / / / 5	
	correct the City, state an	d ZIP Code. Please print legibly.		The fee to renew certifica	150	
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIF	ICATES TO RENEV	<u>V:</u>			Training Units	
Certification	туре	Category		Class	Required	
OPERATOR	2	WATER TREATMENT		4	30	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	eilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			Ij	I provide contractual services to the Facility		
Please provide	the following information of	 about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	_	
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)	
-						
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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- No course can be used more than one time for any three-year renewal period.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one	e of a two page form. Both pages must be completed and retur	ned. O	perator Certifcation Nu	ımber: 1035	
BOND	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) shown below will expire on: 2/1/202		
			The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 1	Гуре Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed by the Facility owner		
I am currently not operating any Facility			provide contractual serv	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you opera	te. Use addt	ional pages as needed.		
Facility / Plant N	Tame Tame	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
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This is page o	ne of a two page form. F	Operator Certification Number: 10557			
GARCIA	Please enter you're current address on the lines below and, if necessary,		f necessary,	Certification(s) s below will exp	
	correct the City, state a	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENE	<u>W:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR	R	WASTEWATER COLLEC	TION	2	16
II. CURREN	T EMPLOYMENT I	NFORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you	currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			I	provide contractual ser	vices to the Facility
Please provide	the following information	about each Facility/Plant that you	operate. Use add	tional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page on	e of a two page form. Both pages mus	be completed and returned.	Operator Certification	1 Number: 10578
	Please enter you're current address on the lines below and, if necess		Certification below will	
	correct the City, state and ZIP Code. Please print legibly.		The fee to recent	new these tifications: \$50
			requirements result in a	mplete or submit renewal by the expiration date will a additional late fees as bibed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Гуре Category		Class	Required
TEMPORARY	WATER 7	REATMENT	4	45
TEMPORARY	WATER 7	REATMENT	5	24
II. CURRENT	EMPLOYMENT INFORMATION	N		
Employer's Nam	e:		Phone #	:
Number of Facil	ities (or Plants) that you currently operat	e:	I am employe	d by the Facility owner
I am currently not operating any Facility			I provide contractual	services to the Facility
Please provide ti	he following information about each Fac	cility/Plant that you operate. Use	addtional pages as need	led.
Facility / Plant N	ame	Cla	ss PDWIS (Water)	NPDES (Wastewater)
		(OVER)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page o	ne of a two page form. Bot	th pages must be completed and retu	irned. O	perator Certifcation Nu	ımber: 1058
TANNER	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will exp	7/1/20125	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW	<u>'•</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTIO	N	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			ΙĮ	provide contractual serv	vices to the Facility
Please provide	the following information a	 bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			<u>. </u>



III. CONTINUING EDUCATION:

Page 2

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KYLE		nter you're current address on the lines below and, if necess	essary,	Certification(s) below will exp		25
co	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	w these cations: \$100	
				requirements by result in an a	olete or submit ren the expiration dat dditional late fees ed in Section V.	te will
	CATES TO RENEW:	<u> </u>			Training U	nits
Certification 7	Гуре	Category		Class	Required	
TEMPORARY	/	WASTEWATER COLLECTION		2	24	
TEMPORARY	/	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owne	er
I am currently not operating any Facility			I p	rovide contractual ser	rvices to the Facilit	у 🔲
Please provide th	he following information ab	out each Facility/Plant that you opera	te. Use addti	onal pages as needed	!.	
Facility / Plant N	lame		Class	PDWIS (Water) NP	DES (Wastewater)	1
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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

This is page or	ne of a two page form. Bo	th pages must be completed and re	turned. O	perator Certifcation Nu	mber: 10795
BARNES	Please enter you're current address on the lines below and, if necess	necessary,	Certification(s) s below will expi	7/1/20125	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	150
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	Υ	WASTEWATER TREATMEN	NT	Α	24
TEMPORAR	Υ	WASTEWATER TREATMEN	NT	5	45
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			provide contractual serv	rices to the Facility	
Please provide	the following information a	ubout each Facility/Plant that you op	erate. Use addti	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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MITTS	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will expi	7/1/20125	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	150
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR	R	WASTEWATER TREATMEN	Т	Α	16
OPERATOR	2	WASTEWATER TREATMEN	Т	5	30
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			provide contractual serv	vices to the Facility	
Please provide	the following information of	— about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
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ВООТН	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp		
			The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide	the following information about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.		
Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)	
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Page 2

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HOPKINS	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp			
			The fee to renew certification	\$50		
				 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:			ueser150	Training Units	
Certification	Type Cate	egory		Class	Required	
OPERATOR	WA	TER TREATMENT		4	30	
II. CURREN	ΓEMPLOYMENT INFORM	IATION				
Employer's Nan	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide	the following information about e	ach Facility/Plant that you ope	rate. Use addti	onal pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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BRENGLE	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) s below will exp	
			The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORAR	Y WATER TREATMENT		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	Ιp	rovide contractual serv	vices to the Facility
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Facility / Plant 1	Name	Class 1	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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 N	perator Certification Number: 10806	
BURDETTE	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) below will exp		
		t legibly.	The fee to renew certific	\$50	
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification ¹	Type Category		Class	Required	
OPERATOR	WATER TREATM	MENT	4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently no	ot operating any Facility		I provide contractual ser	vices to the Facility	
Please provide t	he following information about each Facility/Plan	nt that you operate. Use ad	ldtional pages as needed	. —	
Facility / Plant N	Vame	Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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



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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Nu	mber: 10807	
JACKSON	Please enter you're current address on the lines below and, if necessary		sary,	Certification(s) sh below will expin		
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORAR	RY	WASTEWATER COLLECTION		2	24	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Naı	me:			Phone #:		
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			Ιp	I provide contractual services to the Facility		
Please provide	the following information a	ubout each Facility/Plant that you operate	. Use addti	onal pages as needed.		
Facility / Plant	Name		Class 1	PDWIS (Water) NPD	ES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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LANKENAU	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ¹	Type Category		Class	Required
TEMPORARY	Y WATER DISTRIBUTION		1	24
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			provide contractual serv	vices to the Facility
Please provide t	he following information about each Facility/Plant that you opera	ate. Use addti	ional pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Nu	amber: 11249	
PERSING	Please enter you're current address on the lines below and, if necess		essary,	Certification(s) s below will exp		
	correct the City, s	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 - 11	
				requirements by t result in an ad	ete or submit renewa the expiration date w Iditional late fees as d in Section V.	
	CATES TO RE	ENEW:			Training Units	;
Certification	Type	Category		Class	Required	
SUPERINTE	ENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTE	NDENT	WASTEWATER TREATMENT		Α	7	
II. CURREN	T EMPLOYMEN	T INFORMATION				
Employer's Nar	ne:			Phone #:		
Number of Fac	ilities (or Plants) that	you currently operate:		I am employed by	y the Facility owner	Ī
I am currently not operating any Facility			Ιp	provide contractual serv	vices to the Facility	
Please provide	the following inform	ation about each Facility/Plant that you opera	te. Use addti	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address	_
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This is page or	ne of a two page form. Both pages must be completed and ret	perator Certification Nu	ımber: 11475		
DEVILBISS	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 2/1/20		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFI	CATES TO RENEW:		described	Training Units	
Certification	Type Category		Class	Required	
TEMPORAR	Y WATER TREATMENT		4	45	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (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 ope	erate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a	two page form. Both pages must be completed and re-	turned. O _l	Operator Certification Number: 11553		
•	e enter you're current address on the lines below and, if r	necessary,	Certification(s) s below will exp		
	ct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATE	ES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (o	r Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not opera	ating any Facility	Ιp	rovide contractual serv	vices to the Facility	
Please provide the follo	owing information about each Facility/Plant that you ope	erate. Use addtie	onal pages as needed.		
Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Nu	umber: 1172
•	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) shown below will expire on: 2/1/20		
	correct the City, state and	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently n	not operating any Facility		Ij	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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 Certif	fication Number of
Operator in Resp	ponsible 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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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page on	e of a two page form. Both pages must be	completed and returned.	Oper	ator Certifcation	on Number	r: 1199
•	Please enter you're current address on the lines below and, if necessary,		Certification(s) show below will expire			
	correct the City, state and ZIP Code. Please	state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements result in a	by the ex	r submit renewal apiration date will nal late fees as Section V.
I. CERTIFIC	CATES TO RENEW:					Training Units
Certification 7	ype Category			Class		Required
OPERATOR	WATER DIS	TRIBUTION		1		16
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e: _			Phone #	#:	
Number of Facili	ties (or Plants) that you currently operate:			I am employ	ed by the l	Facility owner
I am currently no	t operating any Facility		I prov	vide contractua	l services	to the Facility
Please provide th	ne following information about each Facility	/Plant that you operate. Use	addtion	al pages as nee	ded.	
Facility / Plant N	ame	Clas	ss PD	WIS (Water)	NPDES ((Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page on	e of a two page form. Both	pages must be completed and retur	ned. O	perator Certifcation N	Jumber: 12002
		e enter you're current address on the lines below and, if necessary, at the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will ex	
	correct the City, state and Z			The fee to renev	w these cations: \$50
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
	CATES TO RENEW:				Training Units
Certification 7	Гуре	Category		Class	Required
TEMPORARY	<i>(</i>	WASTEWATER TREATMENT		5	45
TEMPORARY	(WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curr	rently operate:		I am employed b	by the Facility owner
I am currently no	ot operating any Facility	_	Ιp	rovide contractual ser	rvices to the Facility
Please provide t	he following information abo	— out each Facility/Plant that you opera	te. Use addti	onal pages as needed	1.
Facility / Plant N	Jame		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Nu	ımber: 12179
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will expi		
			The fee to renew certification	X 5 ()	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁷	Туре	Category		Class	Required
TEMPORARY	′	WASTEWATER TREATMEN	Т	6	24
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curre	ently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility]	Ιp	provide contractual serv	vices to the Facility
Please provide t	he following information abo	- ut each Facility/Plant that you oper	rate. Use addti	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page o	ne of a two page form. Bo	th pages must be completed and retur	ned. O	perator Certifcation Nu	mber: 1218	
GAITHER	Please enter you're current address on the lines below and, if necess		essary,		Certification(s) shown below will expire on: 2/1/2025	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	X 5 ()	
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFI	CATES TO RENEW	7 <u>:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nar	ne:			Phone #:		
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner	
I am currently i	not operating any Facility		Ιp	provide contractual serv	ices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addti	ional pages as needed.		
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III. CONTINUING EDUCATION:

Page 2

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	er you're current address on the lines below and, if neces	ssary,	Certification(s) shown below will expire on: 2/1/2025	
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES T	O RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT EMPLOY	YMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	nts) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			rovide contractual serv	vices to the Facility
Please provide the following	information about each Facility/Plant that you operate	. Use addtio	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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This is page one of a two page form. Both pages must be completed and returned.				erator Certification 1	12247	
	Please enter you're current address on the lines below and, if necessary	ssary,	Certification(s) shown below will expire on:		2/1/2025	
(correct the City, state and ZIP (and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to com requirements by result in an a	the expi	iration date will Il late fees as
I. CERTIFICA	ATES TO RENEW:					aining Units
Certification Ty	pe Cat	egory		Class		equired
TEMPORARY	IND	OUSTRIAL WASTEWATER		6	24	1
II. CURRENT	EMPLOYMENT INFORM	MATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you currently	y operate:		I am employed	by the Fa	cility owner
I am currently not operating any Facility			I pr	ovide contractual se	ervices to	the Facility
Please provide the	following information about e	ach Facility/Plant that you operate	. Use addtio	onal pages as needed	d.	
Facility / Plant Na	me		Class P	DWIS (Water) N	PDES (W	astewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one	of a two page form. Both pages must be completed and retur	ned. Op	Operator Certification Number: 12291		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp		
(The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:		described	Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilit	ies (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	e following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.		
Facility / Plant Na	nme	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page or	ne of a two page form. Both pages must be completed and	returned. Op	erator Certifcation Nu	ımber: 12292
	Please enter you're current address on the lines below and, if necessary	if necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$ 100
				ete or submit renewal
			result in an ad	the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORAR'	Y WASTEWATER TREATM	ENT	Α	24
TEMPORAR'	Y WATER TREATMENT		1	24
TEMPORAR'	Y WASTEWATER TREATM	ENT	5	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you o	operate. Use addtio	nal pages as needed.	_
Facility / Plant 1	Name	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			_
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page or	ne of a two page form. Bot	th pages must be completed and retu	rned. O	perator Certification N	Jumber: 1	2293
RAMELIZE	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) below will ex		2/1/2025	
	correct the City, state and	rect the City, state and ZIP Code. Please print legibly.		The fee to renev	w these stations:	5100
				Failure to comp requirements by result in an a describ	the expir	ation date will late fees as
	CATES TO RENEW	<u>':</u>				ining Units
Certification	Type	Category		Class	Rec	quired
TEMPORAR	Υ	WASTEWATER COLLECTION	V	2	24	
TEMPORAR	Υ	WATER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed b	y the Faci	lity owner
I am currently not operating any Facility			Ιp	provide contractual se	rvices to th	ne Facility
Please provide	the following information a	— bout each Facility/Plant that you operd	ate. Use addti	onal pages as needed	<i>!</i> .	
Facility / Plant	Name		Class	PDWIS (Water) NF	DES (Wa	stewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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YATES	Please enter you're current address on the lines below and, if necess	•	Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print leg	ibly.	The fee to renew certification	& 17W1
				ete or submit renewal he expiration date will
			result in an ad	ditional late fees as
I. CERTIF	ICATES TO RENEW:		— described	Training Units
Certification	Type Category		Class	Required
TEMPORAF	RY WATER TREATMEN	IT	1	24
TEMPORAF	RY WASTEWATER TRE	EATMENT	5	45
TEMPORAF	RY WASTEWATER TRE	ATMENT	Α	24
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner
I am currently not operating any Facility			provide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant the	ut you operate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OV	YER)		



III. CONTINUING EDUCATION:

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HALLER	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp		<u>?</u> 5	
	correct the City, state and	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
				Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		e will
I. CERTIFI	ICATES TO RENEW	<u>7:</u>			Training Ur	nits
Certification	Type	Category		Class	Required	
TEMPORAR	RY	WASTEWATER TREATMENT	•	5	45	
TEMPORAR	RY	WASTEWATER TREATMENT		Α	24	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cu	urrently operate:		I am employed by	y the Facility owner	r
I am currently i	not operating any Facility		Ιp	rovide contractual ser	vices to the Facility	7
Please provide	the following information a	about each Facility/Plant that you opera	ite. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	-	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708	
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *	
I consent to receive my certificate(s) by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certification Number: 12297		
COLLINS	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) s below will exp			
c			The fee to renew certification	4.511		
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>':</u>			Training Units	
Certification ⁷	Type	Category		Class	Required	
TEMPORAR'	Y	WASTEWATER TREATM	ENT	S	24	
II. CURRENT	TEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	_	I	provide contractual serv	vices to the Facility	
Please provide t	he following information a	— bout each Facility/Plant that you o	perate. Use addt	tional pages as needed.	_	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification N	umber: 12300
FREGOSO	Please enter you're current address on the lines below and, if necessary		necessary,	Certification(s) selow will exp	
	correct the City, state an	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
				 requirements by result in an ac 	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR'	Υ	INDUSTRIAL WASTEWATE	ER	6	24
II. CURRENT	ΓEMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			Ι ₁	provide contractual ser	vices to the Facility
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III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
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This is page one	of a two page form. Both pages must be completed and returne	perator Certification Nu	ımber: 12308	
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$	
C				
			- requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			rovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant Nar	me	Class I	PDWIS (Water) NPI	DES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned. Ope				erator Certifcation Nu	ımber: 12309
	Please enter you're current address on the lines below and, if necess		sary,	Certification(s) s below will exp	
	correct the City, state and ZIP	City, state and ZIP Code. Please print legibly.		The fee to renew certification	
					ete or submit renewal
				result in an ad	the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:				Training Units
Certification	Type Ca	tegory		Class	Required
TEMPORAF	RY W.	ASTEWATER TREATMENT		Α	24
TEMPORAF	RY W.	ATER TREATMENT		2	24
TEMPORAF	RY W.	ASTEWATER TREATMENT		5	45
II. CURREN	T EMPLOYMENT INFOR	MATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you current	ly operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I pro	ovide contractual serv	vices to the Facility
Please provide	the following information about	each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_
Facility / Plant	Name		Class P	DWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page o	one of a two page form. Bot	h pages must be completed and retur	rned. O	perator Certification N	Jumber: 12310
	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) below will ex		
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
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Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner
I am currently not operating any Facility			Ιp	provide contractual ser	rvices to the Facility
Please provide	the following information as	bout each Facility/Plant that you operc	ite. Use addti	ional pages as needed	<u> </u>
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
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This is page of	one of a two page form. Bo	th pages must be completed and retu	rned. C	perator Certifcation Nu	ımber: 12311
SMITH	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) s below will exp	7/1/2015	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	າ Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER COLLECTIO	N	2	24
TEMPORAF	RY	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ιj	provide contractual serv	vices to the Facility
Please provide	the following information a	 about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)	· · ·		



III. CONTINUING EDUCATION:

Page 2

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

- 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.
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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *	
I consent to receive my certificate()	s) by emial in lieu of mail		



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

This is page one	of a two page form. Both pages must be completed and returned	perator Certification Number: 12312		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
•	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			ovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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This is page one	of a two page form. Both pages must be completed an	d returned. Op	Operator Certification Number: 12313		
	Please enter you're current address on the lines below and	, if necessary,	Certification(s) s below will exp		
,	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER TREATI	MENT	5	45	
TEMPORARY	WASTEWATER TREATI	MENT	А	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facility	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			rovide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you	u operate. Use addtio	onal pages as needed.		
Facility / Plant Na	nme	Class F	PDWIS (Water) NPI	DES (Wastewater)	
<u> </u>	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number: 12314		
SIGWART	Please enter you're current address on the lines below and, if necessary,	if necessary,	Certification(s) s below will exp			
	correct the City, state ar	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFI	<u>CATES TO RENEV</u>	<u>V:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORAR	Υ	INDUSTRIAL WASTEWA	TER	6	24	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you o	currently operate:		I am employed by the Facility owner		
I am currently not operating any Facility			Ij	I provide contractual services to the Facility		
Please provide	the following information	about each Facility/Plant that you o	operate. Use addt	ional pages as needed.	_	
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date	
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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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This is page of	one of a two page form. Bo	th pages must be completed and retu	rned. C	perator Certifcation Nu	ımber: 12315
SMITH	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER COLLECTIO	N	2	24
TEMPORAF	RY	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ιj	provide contractual serv	vices to the Facility
Please provide	the following information a	 about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page on	e of a two page form. Both pages must be completed and return	erator Certifcation Nu	ımber: 12316		
BLADES	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: 2/1/20		
			The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:		- described	Training Units	
Certification 7	Гуре Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you operat	e. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *	
I consent to receive my certificate()	s) by emial in lieu of mail		



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

This is page one	e of a two page form. Both pages must be completed and retu	perator Certifcation Nu	ımber: 12318		
DORSEY	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		
				the fee to renew these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 1	Type Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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This is page of	one of a two page form.	Both pages must be completed and return	red. Oj	perator Certification N	umber: 12319
GALLA	Please enter you're current address on the lines below and, if necessar	ssary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
				- requirements by	ete or submit renewal the expiration date will
					lditional late fees as d in Section V.
I. CERTIF	ICATES TO REN	EW:		- describe	Training Units
Certification		 Category		Class	Required
TEMPORAF	RY	WASTEWATER TREATMENT		Α	24
TEMPORAF	RY	WATER TREATMENT		4	45
TEMPORAF	RY	INDUSTRIAL WASTEWATER		2	0
II. CURREN	NT EMPLOYMENT	INFORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that yo	u currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			rovide contractual serv	vices to the Facility	
Please provide	the following informati	on about each Facility/Plant that you operat	e. Use addtio	onal pages as needed.	_
Facility / Plant	Name		Class I	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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This is page o	ne of a two page form. Both	pages must be completed and return	ed. Op	erator Certification Nu	mber: 12320
SAWYERS	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		sary,	Certification(s) si below will expi	
				The fee to renew these certifications: \$100	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	Υ	INDUSTRIAL WASTEWATER		2	0
TEMPORAR	Υ	WATER TREATMENT		4	45
TEMPORAR	Ϋ́	WASTEWATER TREATMENT		3	45
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Naı	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:				I am employed by	the Facility owner
I am currently not operating any Facility			I pr	ovide contractual serv	ices to the Facility
Please provide	the following information abo	out each Facility/Plant that you operate	. Use addtio	nal pages as needed.	
Facility / Plant	Name		Class P	DWIS (Water) NPD	DES (Wastewater)
		(OVED)			
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
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This is page on	ne of a two page form. Both pages must be completed and retu	erator Certification N	umber: 12321	
MCDANIEL	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
			The fee to renew certific	\$100
				ete or submit renewal
			result in an ad	the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:		describe	Training Units
Certification			Class	Required
TEMPORAR'	Y WATER TREATMENT		1	24
TEMPORAR'	Y WASTEWATER TREATMEN	Т	5	45
TEMPORAR'	Y WASTEWATER TREATMEN	Т	Α	24
II. CURREN	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			ovide contractual serv	vices to the Facility
Please provide i	the following information about each Facility/Plant that you oper	ate. Use addtio	nal pages as needed.	
Facility / Plant N	Name	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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BARRETT	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp		
			The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 1	Гуре Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
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Facility / Plant Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Nu	umber: 12324	
WILLARD	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp			
			The fee to renew these certifications: \$50			
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification 7	Гуре	Category		Class	Required	
TEMPORARY	′	NDUSTRIAL WASTEWATER		5	45	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ties (or Plants) that you curre	ently operate:		I am employed by the Facility owner		
I am currently not operating any Facility			ΙI	I provide contractual services to the Facility		
Please provide th	he following information abo	_ ut each Facility/Plant that you opera	te. Use addt	ional pages as needed.		
Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *	
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This is page one of a two page form. Both pages must be completed and returned.				perator Certification Number: 12327		
	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$			
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification T	ype C	Category		Class	Required	
TEMPORARY	, 	NDUSTRIAL WASTEWATER		5	45	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ties (or Plants) that you curre	ntly operate:		I am employed by	y the Facility owner	
I am currently no	t operating any Facility		I p	rovide contractual serv	vices to the Facility	
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Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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I. CERTIFIC	CATES TO RENEW:			46501100	Training Units	
Certification 1	Гуре	Category		Class	Required	
TEMPORARY	,	INDUSTRIAL WASTEWATER	?	5	45	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
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Certification ⁻	Гуре	Category		Class	Required
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Certification	Туре	Category		Class	Required
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	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s) s below will exp	7/1/20125	
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	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Υ	WASTEWATER COLLECTION	N	2	24
TEMPORAR	Υ	WATER DISTRIBUTION		1	24
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Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
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Facility / Plant N	Jame		Class	PDWIS (Water) N	PDES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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This is page of	one of a two page form. Bo	th pages must be completed and reti	urned. C	Operator Certification Nu	mber: 12333
MORALES	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) si below will expi		
corre	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	X 1 () ()
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEW	7 <u>:</u>		described	Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	RY	WASTEWATER COLLECTION	N	2	24
TEMPORAR	RY	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			I	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
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This is page one of a two page form. Both pages must be completed and returned. Ope				erator Certification Number: 12334		
ZERNHELT	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s) shown below will expire on: 2/1/2025			
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units	
Certification ⁷	Type	Category		Class	Required	
TEMPORARY	Y	INDUSTRIAL WASTEWATE	R	5	45	
II. CURRENT	TEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner	
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Facility / Plant N	Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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BEDNAR	Please enter you're current address on the lines below and, if necessary	necessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEV	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Y	INDUSTRIAL WASTEWATI	ER	5	45
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	me:			Phone #:	
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
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JONES	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(s) s below will exp		
				The fee to renew certification	\$50	
				Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		
I. CERTIFIC	ATES TO RENEW:			40501150	Training Units	
Certification T	ype C	ategory		Class	Required	
TEMPORARY	IN	IDUSTRIAL WASTEWATER		5	45	
II. CURRENT	EMPLOYMENT INFOR	RMATION				
Employer's Name	::			Phone #:		
Number of Facili	ties (or Plants) that you currer	atly operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			Ιp	rovide contractual serv	vices to the Facility	
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Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Certification Ty	rpe Category		Class	Required
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This is page o	one of a two page form. Both pages must be completed a	nd returned.	Operator Certifcation N	Number: 1317
	Please enter you're current address on the lines below and, if necessary,	nd, if necessary,	Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly	y.	The fee to renew these certifications: \$50	
			— requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	R WATER DISTRIBUTIO	N	1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Naı	me:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner	
I am currently not operating any Facility		I	I provide contractual services to the Facility	
Please provide	the following information about each Facility/Plant that y	ou operate. Use addt	ional pages as needed	<u></u>
Facility / Plant	Name	Class	PDWIS (Water) NF	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- · Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- 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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
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This is page one	e of a two page form. Both pages must be completed and ret	perator Certifcation Nu	ımber: 13184	
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
			The fee to renew these certifications: \$50	
			 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:		40501150	Training Units
Certification T	ype Category		Class	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		Ιp	I provide contractual services to the Facility	
Please provide th	ne following information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will exp		
			The fee to renew these certifications: \$50		
				requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type Cate	egory		Class	Required
OPERATOR	WA	TER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORM	IATION			
Employer's Name:			Phone #:	-	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
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Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.				perator Certifcation Nu	ımber: 1395
SMITH, SR.	Please enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$		
	correct the City, state and ZIP Code. Please print legibly.				
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification '	Type C	ategory		Class	Required
OPERATOR	V	ATER TREATMENT		3	30
II. CURRENT	TEMPLOYMENT INFO	RMATION			
Employer's Nam	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
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III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Nu	ımber: 1447	
LUDLOW	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		cessary,	Certification(s) shown below will expire on: 2/1/2025		
					The fee to renew these certifications: \$50	
				 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type C	ategory		Class	Required	
OPERATOR	V	ATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFOR	RMATION				
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) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must be completed and returne	ed. Oper	perator Certification Number: 1450		
	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 2/1/2025		
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I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
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Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner	
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Facility / Plant Na	me	Class PD	WIS (Water) NPI	DES (Wastewater)	



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

This is page one of a two page form. Both pages must be completed and returned. Open				Operator Certifcation Nu	umber: 1685	
WOODS	Please enter you're current address on the lines below and, if necessary,		f necessary,	Certification(s) shown below will expire on: 2/1/2		
	correct the City, state	e and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFIC	ATES TO REN	EW:			Training Units	
Certification T	ype	Category		Class	Required	
SUPERINTEN	IDENT	WATER TREATMENT		4	7	
II. CURRENT	EMPLOYMENT	INFORMATION				
Employer's Name:				Phone #:		
Number of Facilit	ties (or Plants) that yo	ou currently operate:		I am employed by the Facility owner		
I am currently not operating any Facility			I	I provide contractual services to the Facility		
Please provide th	e following informati	on about each Facility/Plant that you o	operate. Use addt	ional pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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BRANTNER Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			ssary,	Certification(s) s below will exp)25
				The fee to renew certific	ew these fications: \$100	
						ate will
<u>I. CERTIFIC</u>	CATES TO RENE	<u>W:</u>			Training l	Units
Certification ⁻	Гуре	Category		Class	Required	
SUPERINTE	NDENT	WATER TREATMENT		5DE	7	
SUPERINTER	NDENT	WASTEWATER TREATMENT		5	7	
SUPERINTER	NDENT	WATER TREATMENT		4	7	
OPERATOR		WASTEWATER TREATMENT		Α	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WATER TREATMENT		5DE	16	
OPERATOR		WATER TREATMENT		4	30	
SUPERINTER	NDENT	WASTEWATER TREATMENT		Α	7	
II. CURRENT	EMPLOYMENT IN	NFORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you	currently operate:		I am employed by	the Facility owr	ner
I am currently no	ot operating any Facility		I pı	rovide contractual serv	vices to the Facili	ity 🔲
Please provide ti	he following information	about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.		
Facility / Plant N	Jame		Class F	PDWIS (Water) NPI	DES (Wastewater	r)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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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 Certif	fication Number of
Operator in Resp	ponsible 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	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708	
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This is page o	one of a two page form. Both pages must be completed and re	perator Certification Number: 2110			
BECKER	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) s below will expi		
			The fee to renew these certifications: \$50		
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V.		
I. CERTIFI	ICATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	R WATER TREATMENT		4	30	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Na	me:		Phone #:		
Number of Fac	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ij	I provide contractual services to the Facility		
Please provide	the following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.		
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	-	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708	
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This is page o	one of a two page form. Bo	th pages must be completed and retu	irned. (Operator Certification Nu	mber: 2233
GOSNELL	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		cessary,	Certification(s) s below will expi	
(The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	/:		— described	
Certification		 Category		Class	Training Units Required
OPERATOR	2	WASTEWATER COLLECTIO	N	2	16
OPERATOR	2	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	\Box	I	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addi	tional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			d. Ope	Operator Certification Number: 2297		
CLARK Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		ary,	Certification(s) shown below will expire on: 2/1/20		25	
			The fee to renew certific	w these cations: \$100		
				requirements by result in an a	olete or submit renewa the expiration date w dditional late fees as ed in Section V.	
	CATES TO I	RENEW:			Training Unit	S
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		Α	16	
SUPERINTE	NDENT	INDUSTRIAL WASTEWATER		2	0	
SUPERINTE	NDENT	WASTEWATER TREATMENT		Α	7	
SUPERINTE	NDENT	WASTEWATER TREATMENT		5	7	
SUPERINTE	NDENT	WASTEWATER TREATMENT		3	7	
SUPERINTE		WATER TREATMENT		5GW	7	
SUPERINTE	NDENT	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	
SUPERINTE	NDENT	INDUSTRIAL WASTEWATER		7	7	
II. CURREN	Γ EMPLOYMI	ENT INFORMATION				
Employer's Nan	ne:			Phone #:	·	
Number of Faci	lities (or Plants) tl	hat you currently operate:		I am employed b	by the Facility owner	
I am currently n	ot operating any I	Facility	I pro	vide contractual ser	rvices to the Facility	∃
Please provide	the following info	rmation about each Facility/Plant that you operate.	Use addtion	al pages as needed	_	
Facility / Plant 1	Name		Class PD	OWIS (Water) NP	PDES (Wastewater)	
						—
		(OVER)				_

MDE/WMA/OPER (Revised 05/10/2021)

TTY Users 1-800-735-2258

wwso.board@maryland.gov



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
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Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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This is page on	e of a two page form. Bot	perator Certification N	Tumber: 2430		
SMITH	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) below will exp	
				The fee to renew certific	v these cations: \$50
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>		4000110	Training Units
Certification ⁻	Гуре	Category		Class	Required
TEMPORARY	<i>(</i>	INDUSTRIAL WASTEWATE	R	6	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner
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Facility / Plant N	Jame		Class	PDWIS (Water) NP	DES (Wastewater)



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Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *	
I consent to receive my certificate()	s) by emial in lieu of mail		



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This is page o	ne of a two page form. Bo	th pages must be completed and retu	irned. O	perator Certifcation Nu	ımber: 2453
ALLEN	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR	R	WASTEWATER TREATMEN	Т	5	30
OPERATOR	2	WASTEWATER TREATMEN	Т	Α	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		ΙI	provide contractual serv	vices to the Facility
Please provide	the following information a	about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Make checks payable to	o: 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.				perator Certification Number: 2501		
SMITH, III	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		f necessary,	Certification(s) s below will exp		
				The fee to renew certific	6.24	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEV	<u>V:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECT	TION	2	16	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	ilities (or Plants) that you	currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility			I	provide contractual ser	vices to the Facility	
Please provide	the following information	about each Facility/Plant that you o	perate. Use addi	tional pages as needed.		
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Ope				Operator Certifcation N	umber: 2504	
YOUNG	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIF	ICATES TO RENEW	<u>:</u>			Training Units	
Certification	туре	Category		Class	Required	
OPERATOR	₹	WASTEWATER COLLECTIO	N	2	16	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	eilities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner	
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This is page of	ne of a two page form. Both pages must be completed and	returned. Op	erator Certifcation N	amber: 2685
	Please enter you're current address on the lines below and, if necess	if necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
				ete or submit renewal
			result in an ad	the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATM	ENT	Α	16
OPERATOR	WATER TREATMENT		3	30
OPERATOR	WASTEWATER TREATM	ENT	5	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently n	not operating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you	operate. Use addtio	nal pages as needed.	
Facility / Plant	Name	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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DUDOK	Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on:		
	correct the City, state and ZIP Code. Please print legibly.	e print legibly.			to renew these certifications: \$50	
				Failure to complete or submit n requirements by the expiration result in an additional late for described in Section V.		piration date will nal late fees as
I. CERTIFI	CATES TO RENEW:					Fraining Units
Certification	Type Category			Class		Required
OPERATOR	WATER TRE	ATMENT		4	3	30
II. CURREN	Γ EMPLOYMENT INFORMATION					
Employer's Nan	ne:			Phone #	:	
Number of Faci	lities (or Plants) that you currently operate:			I am employe	ed by the F	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	addtion	al pages as need	ded.	
Facility / Plant Name		Clas	ss PD	WIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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BURTON, JR. Please enter you're current address on the lines below and, if necessary to the lines below and, if necessary to the lines below and			Certification(s below will ex	
correct the City, state and ZIP Code. Please print legibly.		legibly.	The fee to rend certif	ew these fications: \$50
			requirements b	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER 7	TREATMENT	5	30
OPERATOR	WASTEWATER 7	TREATMENT	Α	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not operating any Facility			I provide contractual s	ervices to the Facility
Please provide the	e following information about each Facility/Plan	t that you operate. Use aa	ldtional pages as neede	<i>d</i> .
Facility / Plant Na	ame	Class	PDWIS (Water) N	PDES (Wastewater)
		(OVER)		



III. CONTINUING EDUCATION:

Page 2

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

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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation N	umber: 2820
BULLOCK	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50	
				— requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW	7:		describe	Training Units
Certification		Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	N	2	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility			I	provide contractual ser	vices to the Facility
Please provide	the following information a	 bout each Facility/Plant that you ope	rate. Use add	tional pages as needed	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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This is page or	ie of a two page for	m. Both pages must be completed and returne	ed. Op	perator Certifcation Nu	mber: 2883
SMITH, JR.	Please enter you're current address on the lines below and, if necessary	sary,	Certification(s) sl below will expi		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	150
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RE	NEW:			Training Units
Certification	Type	Category		Class	Required
SUPERINTE	NDENT	WASTEWATER TREATMENT		5	7
SUPERINTE	NDENT	WASTEWATER TREATMENT		Α	7
II. CURREN	Γ EMPLOYMEN	T INFORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that	you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility				rovide contractual serv	rices to the Facility
Please provide	the following inform	ation about each Facility/Plant that you operate.	. Use addtio	onal pages as needed.	
Facility / Plant 1	Name		Class I	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page on	ie of a two page form. Bot	th pages must be completed and retur	ned. O	perator Certifcation Nu	ımber: 2884
KOSMALSKI	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	X 1 ()()
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification ⁷	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	V	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			provide contractual serv	vices to the Facility	
Please provide t	the following information a	bout each Facility/Plant that you opera	ite. Use addti	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
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This is page one of a two page form. Both pages must be completed and returned.			ned. Ope	Operator Certification Number: 3116		
STRITE	Please enter you're current address on the lines below and, if necess		ssary,	Certification(s) shown below will expire on: 2/1/2025		
	correct the City, state an	d ZIP Code. Please print legibly.		The fee to renew certific	4 171/1	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIO	CATES TO RENEV	<u>V:</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		7	16	
OPERATOR		WASTEWATER TREATMENT		6	16	
OPERATOR		WASTEWATER TREATMENT		Α	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. CURREN	ΓEMPLOYMENT IN	FORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility		I pro	ovide contractual ser	vices to the Facility	
Please provide i	the following information	about each Facility/Plant that you operat	e. Use addtio	nal pages as needed.		
Facility / Plant N	Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open					erator Certification Number: 3203	
PHILLIPS II	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ry,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$			
				Failure to complete or submit received requirements by the expiration date result in an additional late feed described in Section V.		iration date will Il late fees as
I. CERTIFIC	CATES TO RENEW:					aining Units
Certification ¹	Type Category			Class		equired
OPERATOR	WATER D	ISTRIBUTION		1	16	3
II. CURRENT	EMPLOYMENT INFORMATION	N				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently operate	:		I am employed	by the Fa	cility owner
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide t	he following information about each Faci	lity/Plant that you operate. \	Use addtio	nal pages as needed	d.	
Facility / Plant N	Jame		Class P	DWIS (Water) N	PDES (W	astewater)



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Page 2

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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This is page or	ne of a two page form. Bo	th pages must be completed and ret	turned. (Operator Certifcation Nu	ımber: 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.		ecessary,	Certification(s) s below will expi	
				The fee to renew certifica	
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as		
I CERTIFIC	CATES TO RENEW	<i>]</i> •		— described	d in Section V.
Certification		Category		Class	Training Units Required
OPERATOR		WATER TREATMENT		3	30
SUPERINTE	NDENT	WATER TREATMENT		3	7
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			I	provide contractual serv	rices to the Facility
Please provide	the following information a	 about each Facility/Plant that you ope	erate. Use addi	tional pages as needed.	_
Facility / Plant 1	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certif	fication Number of
Operator in Resp	ponsible 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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This is page or	ne of a two page form. Both	perator Certifcation N	umber: 3521		
CANTER	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) shown below will expire on: 2/1/2025		
			The fee to renew these certifications: \$50		
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		1	16
II. CURREN	Γ EMPLOYMENT INFO	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility		ΙI	provide contractual ser	vices to the Facility
Please provide	the following information abo	_ out each Facility/Plant that you operat	e. Use addt	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 3956		
SMITH	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) shown below will expire on: 2/1/2025			
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Cate	egory		Class	Required	
OPERATOR	WA	TER TREATMENT		1	16	
II. CURREN	T EMPLOYMENT INFORM	ATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you currently	operate:		I am employed by	the Facility owner	
I am currently i	not operating any Facility	<u>—</u>	Ιp	rovide contractual serv	ices to the Facility	
Please provide	the following information about ed	nch Facility/Plant that you operate	. Use addti	onal pages as needed.	_	
Facility / Plant	Name		Class]	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	-	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Ope				erator Certification Number: 3961	
CAMPBELL	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) below will ex	
					The fee to renew these certifications: \$50
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW	7 <u>:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATE	:R	2	0
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed l	by the Facility owner
I am currently n	ot operating any Facility		ΙI	provide contractual se	rvices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	erate. Use addti	ional pages as needed	<i></i>
Facility / Plant 1	Name		Class	PDWIS (Water) NI	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
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EASLEY	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		necessary,	Certification(s) below will exp		
				The fee to renew certific	v these sations: \$50	
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I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATE	R	2	0	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you co	urrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility			I	provide contractual ser	vices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use addt	ional pages as needed		
Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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SHOWELL	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$		
	correct the City,	orrect the City, state and ZIP Code. Please print legibly.				
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as ed in Section V.	
	CATES TO R	ENEW:			Training Units	
Certification	Type	Category		Class	Required	
SUPERINTE	NDENT	WASTEWATER TREATMEN	IT	5	7	
II. CURREN	T EMPLOYME	NT INFORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) tha	at you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility			I	provide contractual ser	vices to the Facility	
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Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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I hereby affirm that I understand all information provided on this application. I also certify the following:

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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

This is page one of a two page form. Both pages must be completed and returned.				perator Certification Number: 4857		
HOWELLS	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) selow will exp			
correct the City, sta		and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WATER TREATMENT		4	30	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you co	urrently operate:		I am employed by the Facility owner		
I am currently not operating any Facility			I	I provide contractual services to the Facility		
Please provide	the following information a	— about each Facility/Plant that you op	erate. Use addi	tional pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page o	one of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certification N	umber: 4872
	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) s below will exp		
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as ed in Section V.
I. CERTIF	ICATES TO RENEW	<u>7:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	RY	WASTEWATER TREATMENT	Γ	Α	24
TEMPORAR	RY	WASTEWATER TREATMENT	Τ	5	45
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			Ιp	provide contractual ser	vices to the Facility
Please provide	the following information a	nbout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Make checks payable to	o: 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. Ope				perator Certification Number: 4895		
WILLEN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will exp			
			The fee to renew these certifications: \$50			
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTIO	N	2	16	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by the Facility owner		
I am currently not operating any Facility			I	I provide contractual services to the Facility		
Please provide	the following information a	— bout each Facility/Plant that you oper	ate. Use addi	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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This is page one of a two	page form. Both pages must be completed and retur	ned. Op	Operator Certification Number: 4923		
LOCKHART, JR. Please ent	essary,	Certification(s) shown below will expire on: 2/1/2025			
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES 7	<u>ΓΟ RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Pla	ants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			ovide contractual serv	vices to the Facility	
Please provide the following	g information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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MOSES	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will expi			
			The fee to renew certification	450		
				 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFI	CATES TO RENEW:			40501100	Training Units	
Certification	Type Cat	egory		Class	Required	
OPERATOR	WA	ATER TREATMENT		4	30	
II. CURREN	Γ EMPLOYMENT INFORM	MATION				
Employer's Nan	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			Ιp	I provide contractual services to the Facility		
Please provide	the following information about e	each Facility/Plant that you ope	rate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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	se enter you're current address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$		
corre	ect the City, state and ZIP Code. Please print legibly.				
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICAT	ES TO RENEW:		46561186	Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATE	R	6	16	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide the foll	lowing information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible 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	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *	
I consent to receive my certificate()	s) by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.				perator Certifcation Nu	mber: 4961	
LEPUS	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(s) sh below will expir		
				The fee to renew to certificate	150	
				 requirements by the result in an add 	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>7:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION	I	2	16	
II. CURREN	Γ EMPLOYMENT INI	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed.	_	
Facility / Plant 1	Name		Class	PDWIS (Water) NPD	ES (Wastewater)	
				_	_	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

This is page on	e of a two page form. Both pages must be completed and retu	perator Certifcation Nu	ımber: 4972		
FRETT	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFIC	CATES TO RENEW:		described	Training Units	
Certification ⁻	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide ti	he following information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant N	Vame	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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This is page one of a two page form. Both pages must be completed and returned. Op				perator Certifcation Nu	umber: 5172
KNIGHT	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s) s below will exp		
	correct the City, state an	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	₹	INDUSTRIAL WASTEWATER	3	6	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner
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Please provide	the following information of	about each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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This is page of	ne of a two page form. Bot	th pages must be completed and retu	rned. O	perator Certifcation Nu	mber: 5919
	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) s below will expi	7/1/20125	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>'•</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTIO	N	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ιp	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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This is page o	one of a two page form. Bo	th pages must be completed and retu	irned. O	perator Certifcation Nu	mber: 6976
MORTON	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will expi	7/1/20125	
	correct the City, state an	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
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I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	RY	WASTEWATER TREATMEN	Т	5	45
TEMPORAR	RY	WASTEWATER TREATMEN	Т	Α	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			ΙI	provide contractual serv	rices to the Facility
Please provide	the following information of	 about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
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KENNEDY	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) sl below will expi		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	X 1 1 1 1 1 1
					ete or submit renewal he expiration date will
				result in an additional late fees described in Section V.	
I. CERTIFI	CATES TO RENEW	<u>7:</u>		described	Training Units
Certification	Type	Category		Class	Required
OPERATOR	}	WATER TREATMENT		1	16
OPERATOR	· ·	WASTEWATER TREATMEN	ΙΤ	1	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			I	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	erate. Use addi	tional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)	· ·	<u>. </u>	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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This is page on	e of a two page fo	orm. Both pages must be completed and retu	rned. O	perator Certification N	umber: 7581
MANGOLD	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		cessary,	Certification(s) s below will exp	
				The fee to renew certific	
					lete or submit renewal
				result in an ac	the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO R	ENEW:			Training Units
Certification ¹	Туре	Category		Class	Required
SUPERINTE	NDENT	INDUSTRIAL WASTEWATER	3	5	7
SUPERINTE	NDENT	WASTEWATER TREATMEN	Т	5	7
SUPERINTE	NDENT	WASTEWATER TREATMEN	Т	Α	7
II. CURRENT	EMPLOYMEN	NT INFORMATION			
Employer's Nam	ie:			Phone #:	
Number of Facil	ities (or Plants) tha	at you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			Ιp	orovide contractual ser	vices to the Facility
Please provide t	he following inform	nation about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant N	Vame		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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

This is page one of a tv	wo page form. Both pages must be completed and return	ed. Op	Operator Certification Number: 7898 Certification(s) shown below will expire on: 2/1/2025		
	e enter you're current address on the lines below and, if neces	ssary,			
correc	et the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATE	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			ovide contractual se	rvices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	1.	
Facility / Plant Name		Class P	DWIS (Water) NI	PDES (Wastewater)	



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This is page or	ne of a two page form. Bo	th pages must be completed and retu	irned. C	perator Certifcation Nu	ımber: 8088
	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will exp	7/1/20125	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	Υ	WASTEWATER TREATMEN	Т	5	45
TEMPORAR	Υ	WASTEWATER TREATMEN	Т	А	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ιj	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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This is page one of a two page form. Both pages must be completed and returned				Operator Certification Number: 8798		
FERRIS	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(s) si below will expi	7/1/20125	
				The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIF	ICATES TO RENEV	<u>V:</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR	2	INDUSTRIAL WASTEWATER		7	16	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	eilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner	
I am currently	not operating any Facility		ΙĮ	I provide contractual services to the Facility		
Please provide	the following information of	 about each Facility/Plant that you opera	ite. Use addti	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)	
-						
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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	correct the City, state and Z			The fee to renew certification	1511	
				requirements by t	ete or submit renewal the expiration date will Iditional late fees as	
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I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype	Category		Class	Required	
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TEMPORARY		WASTEWATER TREATMENT	-	Α	24	
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you curr	ently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			Ιp	rovide contractual serv	vices to the Facility	
Please provide the	e following information abo	— out each Facility/Plant that you operc	ite. Use addti	onal pages as needed.		
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)	
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Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certification N	umber: 9137
SMITH, SR.	Please enter you're current address on the lines below and, if necessary		ssary,	Certification(s) s below will exp	
correct the City, sta		e and ZIP Code. Please print legibly.		The fee to renew certific	\$100
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIO	CATES TO RENEV	<u>V:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
SUPERINTE	NDENT	WASTEWATER TREATMENT		5	7
SUPERINTE	NDENT	WASTEWATER TREATMENT		Α	7
II. CURREN	ΓEMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility		I pi	rovide contractual serv	vices to the Facility
Please provide i	the following information	 about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.	
Facility / Plant N	Name		Class I	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

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

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This is page on	e of a two page form. Both pages must be completed and	returned. O	perator Certification Nu	mber: 9673
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	if necessary,	Certification(s) s below will expi	
			The fee to renew certification	150
				ete or submit renewal he expiration date will
			result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO RENEW:		described	Training Units
Certification ⁻	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
OPERATOR	WATER TREATMENT		3	30
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		rovide contractual serv	ices to the Facility	
Please provide t	he following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 171/1
				ete or submit renewal the expiration date will
			result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:		describe	Training Units
Certification ⁻	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
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	(OVER)			



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This is page one of a two page form. Both pages must be completed and returned.		Operator Certification Number: 9917		
	Please enter you're current address on the lines below and, if necess		Certification below will	
	correct the City, state and ZIP Code. Please pr	int legibly.	The fee to report cert	new these iffications: \$50
			requirements result in an	mplete or submit renewal by the expiration date will a additional late fees as ribed in Section V.
	CATES TO RENEW:			Training Units
Certification ⁷	Type Category		Class	Required
OPERATOR	WASTEWATER	RTREATMENT	Α	16
OPERATOR	WASTEWATER	RTREATMENT	5	30
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		(OVER)		



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