



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

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

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

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

Operator Certification Number: **0106**

MILLER

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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Operator Certification Number: **0309**

DILEGGE

Certification(s) shown below will expire on: **3/1/2025**

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

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

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

(OVER)



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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: 0358

SANOIR

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WASTEWATER COLLECTION, 2, 16

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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

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Operator Certification Number: 0441

GRIMARD

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The fee to renew these certifications: \$50

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, INDUSTRIAL WASTEWATER, 2, 0

II. CURRENT EMPLOYMENT INFORMATION

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

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

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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Operator Certification Number: **0766**

NEE

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Operator Certification Number: **0873**

VELASQUEZ

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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_____			
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_____			
_____			
_____			
_____			

(OVER)



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V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

Operator Certification Number: **0886**

MALOTT

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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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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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **0927**

MARTINEZ

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10026**

WHITE

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10106**

LAYTON

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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Operator Certification Number: **10120**

BATSON

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	5AS	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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Operator Certification Number: **10263**

HOFERT

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

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I provide contractual services to the Facility

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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





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

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

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

Operator Certification Number: **10300**

BAUER

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: 10322

NEWMAN

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WATER TREATMENT, 1, 24

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

Operator Certification Number: **10416**

SWANN

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

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I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: 10480

STRONG

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, INDUSTRIAL WASTEWATER, 2, 0

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]

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Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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Operator Certification Number: **10709**

JUNIOR

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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

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

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

Operator Certification Number: **10816**

NETZER

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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Operator Certification Number: **10822**

BYUN

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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Operator Certification Number: **10824**

NELSON

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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





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Operator Certification Number: 10827

O'DONNELL

Certification(s) shown below will expire on: 3/1/2025

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

The fee to renew these certifications: \$100

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Rows include OPERATOR WATER DISTRIBUTION and OPERATOR WASTEWATER COLLECTION.

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #:

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater)

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: 10830

BEALL

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, 5, 45

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10832**

SCHUG

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

Operator Certification Number: 10841

LEONARD

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WATER DISTRIBUTION, 1, 16

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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

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

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

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

Operator Certification Number: **1091**

DAY

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **10973**

GUNTHER

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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

Operator Certification Number: **11037**

SELBY IV

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **11206**

GURNEY

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **11264**

HUGHES

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

Operator Certification Number: **11304**

KNATZ

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: 11455

JOHNSON

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WATER DISTRIBUTION, 1, 16

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: 11458

JOHNSON

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, 5, 45

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **11488**

HANNAH

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

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

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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Operator Certification Number: **11507**

MASON IV

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

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

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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Operator Certification Number: **1177**

PATEL

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

Operator Certification Number: **1195**

FORTNEY

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
TEMPORARY	WASTEWATER TREATMENT	4	24
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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

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Operator Certification Number: **12001**

RAWLINGS

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5A	69

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

Operator Certification Number: **12005**

LONG IV

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	4	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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

Operator Certification Number: 12015

HILLEGAS

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, 4, 24

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **1219**

WOOD, III

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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





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

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

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

Operator Certification Number: 12244

VALENCIA

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, INDUSTRIAL WASTEWATER, 6, 24

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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

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

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

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

Operator Certification Number: **12245**

BITTNER III

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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

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

Operator Certification Number: **12325**

DHILLON

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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

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

Operator Certification Number: 12326

WIRTH

Certification(s) shown below will expire on: 3/1/2025

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

The fee to renew these certifications: \$100

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Rows include TEMPORARY WATER TREATMENT and TEMPORARY WASTEWATER TREATMENT.

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #:

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple rows for facility details.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: **12338**

NULL

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **12339**

WATHEN

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	G	7

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

Operator Certification Number: **12340**

HOARD

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **12341**

NICKELSON

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **12342**

VEST JR

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **12343**

WEBER

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: 12344

RAJALA

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER COLLECTION, 2, 24

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

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Date \_\_\_\_\_

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

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

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

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

Operator Certification Number: **12345**

LOWE

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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





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Operator Certification Number: **12346**

HUNTINGTON JR

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
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Operator Certification Number: 12347

RAINES

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, INDUSTRIAL WASTEWATER, 2, 0

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: **12348**

KINNAMAN

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **12349**

CROWDER

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **12351**

CROMARTIE

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

Operator Certification Number: **12352**

PUMPUTIS

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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

Operator Certification Number: 12362

WILLIS

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WATER DISTRIBUTION, 1, 24

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Date \_\_\_\_\_

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

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

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

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

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

Operator Certification Number: **12363**

ROBERTS

Certification(s) shown below will expire on: **3/1/2025**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **12364**

HARVILLE

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **12365**

MILLER

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 12366

CECIL

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$100

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Rows include TEMPORARY WASTEWATER COLLECTION, TEMPORARY WATER TREATMENT, and TEMPORARY WASTEWATER TREATMENT.

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

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- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **12367**

NICHOLSON

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **12368**

WOOLERY

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **12369**

DEBRAH

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **12370**

THOMPSON

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

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Operator Certification Number: **12371**

TAYLOR

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

This notice is provided pursuant to State Government Article, §10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and is subject to the Maryland Public Information Act. This form may be available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **12372**

WALLER

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



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Operator Certification Number: 12373

RIVERA

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WATER TREATMENT, 4, 45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **12374**

MANCHA JR

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: 12375

SULLIVAN

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WATER TREATMENT, 1, 24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple rows for facility information.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **12376**

CASON

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

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Operator Certification Number: 12377

DESHONG

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I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER COLLECTION, 2, 24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

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Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **12378**

ROGERS

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WASTEWATER TREATMENT	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **12379**

SHEETZ

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 12388

PEAY

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, 3, 45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **12389**

BROWN

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	6	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **1239**

GANNON, JR.

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	5AS	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **1242**

MOORE

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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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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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail





**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **1562**

VERMILLION

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **1665**

HINTON

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **1946**

HAMILTON

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **2144**

GILDELEON

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: 2151

WALKER, JR.

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WATER TREATMENT, 4, 30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

This notice is provided pursuant to State Government Article, §10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and is subject to the Maryland Public Information Act. This form may be available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2337**

MANNING

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



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Operator Certification Number: **2374**

ORNDORFF

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2469**

BEAUCHAMP

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2498**

SALVATORE

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	4	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 2511

HANAK

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, INDUSTRIAL WASTEWATER, 2, 0

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **2525**

FISHER

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
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_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2526**

MORRIS

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2552**

DILLOW

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2639**

CELLA

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2740**

CICERO

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
TEMPORARY	WASTEWATER TREATMENT	4	24
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2742**

SHANK

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	5	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: 2758

JEWELL, III

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WASTEWATER COLLECTION, 2, 16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2781**

FREBERTSHAUSER

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **2786**

SCHLOTHAUER

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2917**

LEASE

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	5AS	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 3118

KENNEDY III

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: SUPERINTENDENT, WATER TREATMENT, 5AS, 7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3120**

RITTER

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **3137**

NICHOLS

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3147**

DOOMS JR

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

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Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3162**

BURNS

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3283**

MEOLA

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **3365**

MILLER JR

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **3384**

KONTRA

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
SUPERINTENDENT	WATER TREATMENT	2	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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[ ] I consent to receive my certificate(s) by email in lieu of mail





**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **3399**

JOHNSON

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3407**

WALLACE

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: 3527

JOHNSON

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WATER DISTRIBUTION, 1, 16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **3547**

HIGHTMAN

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	4	24
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	4	45
SUPERINTENDENT	WATER TREATMENT	3	7
OPERATOR	WATER TREATMENT	3	30
TEMPORARY	WASTEWATER TREATMENT	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

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Operator Certification Number: **3551**

FISSEL

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **3561**

SPEARS

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3578**

RICHARDS

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3601**

BALL

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Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3978**

MORELAND

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **4434**

BOOTH

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Operator Certification Number: **4548**

OWENS

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Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WATER TREATMENT	3	7
SUPERINTENDENT	WATER TREATMENT	2	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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VII. APPLICANT'S STATEMENT

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I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **4594**

PRINCE, JR.

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	5AS	16
SUPERINTENDENT	WATER DISTRIBUTION	1	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4704**

SKINNER

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT OPERATOR	WATER TREATMENT	4	7
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 4726

WOOD

Certification(s) shown below will expire on: 3/1/2025

Please enter you're current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WATER TREATMENT, 4, 30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4940**

CARROLL

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

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Operator Certification Number: **4947**

CLARK

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

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Operator Certification Number: **4995**

SHIFFLETT, JR.

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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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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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **5160**

HARROD

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	5AS	16
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WATER TREATMENT	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **5935**

CONNELL

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT OPERATOR	WASTEWATER TREATMENT	5	7
SUPERINTENDENT OPERATOR	WATER TREATMENT	4	30
SUPERINTENDENT OPERATOR	WASTEWATER TREATMENT	A	7
SUPERINTENDENT OPERATOR	WASTEWATER TREATMENT	4	7
SUPERINTENDENT OPERATOR	WATER TREATMENT	4	7
SUPERINTENDENT OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **7031**

FARLEY

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **7062**

RIMMER

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 7073

STORKE

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WATER TREATMENT, 2, 16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **7455**

WASHINGTON

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	5AS	7
SUPERINTENDENT	WATER TREATMENT	2	7
OPERATOR	WATER TREATMENT	5AS	16
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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 \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **7476**

ELDER

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WATER TREATMENT	1	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: 7566

WALLS

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WASTEWATER TREATMENT, 5, 30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 7810

GUSCHKE

Certification(s) shown below will expire on: 3/1/2025

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Rows include OPERATOR WASTEWATER TREATMENT Class 5 (30 units) and OPERATOR WASTEWATER TREATMENT Class A (16 units).

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #:

Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner

I am currently not operating any Facility I provide contractual services to the Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple rows for facility details.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **8057**

RHODES

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **8084**

PEARSON

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **8780**

RORIE

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **8904**

LOUDERMILK

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, 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. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **8922**

HEPBURN

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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Operator Certification Number: **8966**

BAILEY

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The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Operator Certification Number: **9043**

SHAW

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **9835**

HARCUM

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **9872**

KEEPERS

Certification(s) shown below will expire on: **3/1/2025**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WATER TREATMENT	4	30
SUPERINTENDENT	WATER TREATMENT	4	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **9884**

BERRY

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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