

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

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

This is page one	of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	mber: 0106
	Please enter you're current address on the lines below and, if necessar	у,	Certification(s) sh below will expire	3/1//11/5
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certifica	\$50
			 requirements by the result in an additional sectors in the result in an additional sectors in the result in the res	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	provide contractual serve	ices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	se addti	ional pages as needed.	
Facility / Plant Na	ame C	Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- 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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VII. APPLICANT'S STATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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	Please enter you're current address on the lines below and, if necessary,		Certification below wil	n(s) shown l expire on	
correc	et the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$50
			Failure to complete or submit renered requirements by the expiration dat result in an additional late fees described in Section V.		piration date will nal late fees as
I. CERTIFICATE	<u>S TO RENEW:</u>			-	Training Units
Certification Type	Category		Class	I	Required
OPERATOR	WASTEWATER TREATMENT		5	(30
OPERATOR	WASTEWATER TREATMENT		А		16
II. CURRENT EMP	LOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (or	Plants) that you currently operate:		I am employ	red by the H	Facility owner
I am currently not opera	ting any Facility	Ιp	provide contractua	l services t	to the Facility
Please provide the follo	wing information about each Facility/Plant that you operate	e. Use addti	onal pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



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	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			Failure to complete or submit re requirements by the expiration da result in an additional late fee described in Section V.	
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
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GRIMARD	Please enter you're current address on the lines below and, if necessary,		,	Certification below will		3/1/2025
	correct the City, state and ZIP Code. I	Please print legibly.		The fee to represent	new these	\$50
				 Failure to complete or submit reported and the submit reported at the submit reported at the submit reported at the submit in an additional late fees described in Section V. 		oiration date will al late fees as
	CATES TO RENEW:			-		raining Units
Certification	Type Category	7		Class	R	equired
OPERATOR	INDUSTI	RIAL WASTEWATER		2	0	
II. CURREN	EMPLOYMENT INFORMATION	ON				
Employer's Nan	e:			Phone #	:	
Number of Faci	ities (or Plants) that you currently opera	ite:		I am employe	d by the Fa	acility owner
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Facility / Plant N	Jame	Cla	ass PI	DWIS (Water)	NPDES (V	Wastewater)



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	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
corre	ct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$100
			- requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDEN	T WASTEWATER COLLECTION		2	7
SUPERINTENDEN	T WATER DISTRIBUTION		1	7
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	r Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not opera	ating any Facility	I pi	rovide contractual se	ervices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed	1.
Facility / Plant Name		Class F	PDWIS (Water) N	PDES (Wastewater)



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VELASQUEZ	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		3/1/2025
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Certification 7	ype Category		Class	Re	equired
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Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

This is page one of a two page form. Both pages must be completed and returned.			ed. Ope	• Operator Certification Number: 0886			
	Please enter you're current address on the lines below and, if necessary,		sary,	Certification below will	n(s) shown expire on:	3/1/2025	
C	orrect the City, state and ZIP C	ode. Please print legibly.		The fee to re cer	enew these tifications:	\$100	
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		piration date will al late fees as	
I. CERTIFICA	ATES TO RENEW:				т	raining Units	
Certification Ty	pe Cate	egory		Class	R	equired	
OPERATOR	IND	USTRIAL WASTEWATER		5	3	0	
OPERATOR	WA	STEWATER TREATMENT		А	1	6	
II. CURRENT I	EMPLOYMENT INFORM	ATION					
Employer's Name:				Phone #	#:		
Number of Faciliti	es (or Plants) that you currently	operate:		I am employe	ed by the F	acility owner	
I am currently not	operating any Facility		I pro	ovide contractual	l services to	the Facility	
Please provide the	following information about ed	ach Facility/Plant that you operate.	Use addtion	ial pages as need	ded.		
Facility / Plant Nar	ne		Class Pl	DWIS (Water)	NPDES (V	Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

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MARTINEZ	Please enter you're current address on the lines below and, if necessary,	,	Certification(s below will ex		3/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.		piration date will al late fees as
	CATES TO RENEW:			Т	raining Units
Certification	Type Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT	CEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:	_	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the F	acility owner
I am currently no	ot operating any Facility	I pr	ovide contractual s	ervices to	the Facility
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WHITE	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) below will ex		3/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifi	w these cations:	\$50	
			 Failure to complete or submit representation of the expiration of the e		ation date will late fees as	
	CATES TO RENEW:				ining Units	
Certification ⁻	Type Category		Class	Rec	quired	
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
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Employer's Nam	e:		Phone #:			
Number of Facil	ties (or Plants) that you currently operate:		I am employed b	by the Faci	lity owner	
I am currently no	t operating any Facility	I p	rovide contractual se	rvices to th	ne Facility	
Please provide th	he following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed	<i>l</i> .		
Facility / Plant N	Tame C	Class I	PDWIS (Water) NF	PDES (Wa	stewater)	



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LAYTON Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. Certification(s) shown below will expire on: below will expire	This is page one	e of a two page form. Both pages must be completed and returned.	Operator Certifcation N	umber: 10106
The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V. I. CERTIFICATES TO RENEW: Training Units Certification Type Category OPERATOR WATER TREATMENT 4 30	LAYTON	5		
I. CERTIFICATES TO RENEW: requirements by the expiration date will result in an additional late fees as described in Section V. I. CERTIFICATES TO RENEW: Training Units Certification Type Category Class Required OPERATOR WATER TREATMENT 4 30		correct the City, state and ZIP Code. Please print legibly.		\$50
Certification TypeCategoryClassRequiredOPERATORWATER TREATMENT430			requirements by tresult in an ad	the expiration date will Iditional late fees as
OPERATOR WATER TREATMENT 4 30				
	Certification T	ype Category	Class	Required
II. CURRENT EMPLOYMENT INFORMATION	OPERATOR	WATER TREATMENT	4	30
	II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name: Phone #:	Employer's Name	x	Phone #:	
Number of Facilities (or Plants) that you currently operate:	Number of Facili	ties (or Plants) that you currently operate:	I am employed by	y the Facility owner
I am currently not operating any Facility I provide contractual services to the Facility	I am currently not	t operating any Facility	I provide contractual serv	vices to the Facility
Please provide the following information about each Facility/Plant that you operate. Use additonal pages as needed.	Please provide th	e following information about each Facility/Plant that you operate. Use	addtional pages as needed.	
Facility / Plant Name Class PDWIS (Water) NPDES (Wastewater)	Facility / Plant Na	ame Clas	ss PDWIS (Water) NPI	DES (Wastewater)



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			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		5AS	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
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Certification 7	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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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.	Op	erator Certifcation N	Number: 1	L0300	
BAUER	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) show below will expire of			
			The fee to renew certific	enew these \$50 rtifications:		
		requirements by result in an a		plete or submit renewal y the expiration date will additional late fees as yed in Section V.		
	ATES TO RENEW:				ining Units	
Certification T	ype Category		Class	Rec	quired	
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Faci	lity owner	
I am currently no	t operating any Facility	I pr	ovide contractual ser	rvices to tl	ne Facility	
Please provide th	e following information about each Facility/Plant that you operate. Use	addtio	nal pages as needed	1.		
Facility / Plant N	ame Clas	ss P	DWIS (Water) NP	PDES (Wa	stewater)	



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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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Email Address

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

This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number: 10322			
NEWMAN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 3/1/2		
			The fee to renew certifica	\$50	
			 requirements by the result in an additional sectors of the result in the result in	te or submit renewal ne expiration date will ditional late fees as in Section V.	
	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility	Ιp	provide contractual serv	ices to the Facility	
Please provide th	the following information about each Facility/Plant that you operate. Use	e addti	onal pages as needed.		
Facility / Plant N	ame Cla	ass	PDWIS (Water) NPD	ES (Wastewater)	



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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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 Certifcation Number: 10416			
	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) shown below will expire on: 3/1/2025 The fee to renew these certifications: \$100			
corr						
			Failure to complete or submirrequirements by the expiration result in an additional late described in Section		oiration date will al late fees as	
I. CERTIFICAT	<u>ES TO RENEW:</u>			т	raining Units	
Certification Type	Category		Class		equired	
OPERATOR	WATER DISTRIBUTION		1	1	6	
OPERATOR	WATER TREATMENT		2	1	6	
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone #	<i>i</i> :		
Number of Facilities (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner	
I am currently not ope	rating any Facility	I pi	ovide contractua	l services to	the Facility	
Please provide the fol	lowing information about each Facility/Plant that you operate.	. Use addtic	onal pages as nee	ded.		
Facility / Plant Name		Class F	DWIS (Water)	NPDES (V	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

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This is page one	of a two page form. Both pages must be completed and returned	d. (perator Certifcation Number:		10480	
	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(below will o		3/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rer cert	new these ifications:	\$50	
		Failure to complete of requirements by the e result in an addition described in		by the exp	expiration date will onal late fees as	
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:	_		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	d by the Fa	cility owner	
I am currently not	operating any Facility	Ι	provide contractual	services to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate.	Use add	tional pages as need	ed.		
Facility / Plant Na	me	Class	PDWIS (Water)	NPDES (W	Vastewater)	



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5	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp		
correct the City			The fee to renew certifica	\$50	
		requirements result in a		mplete or submit renewal by the expiration date will a additional late fees as ibed in Section V.	
I. CERTIFICATES TO F	<u>RENEW:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) th	hat you currently operate:		I am employed by	the Facility owner	
I am currently not operating any I	Facility	Ι	provide contractual serv	vices to the Facility	
Please provide the following info	rmation about each Facility/Plant that you operation	te. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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This is page one	of a two page form. Both pages must be completed and returned.	Op	perator Certifcation N	umber: 10816	
	Please enter you're current address on the lines below and, if necessary,	У,	Certification(s) s below will exp		
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		requirements by result in an		plete or submit renewal the expiration date will additional late fees as ed in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	vpe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT I	EMPLOYMENT INFORMATION				
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Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	I pı	rovide contractual serv	vices to the Facility	
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Facility / Plant Nat	me Cl	lass F	PDWIS (Water) NPI	DES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

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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:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 10822			
BYUN	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) below will ex				
c	correct the City, state and Z	ZIP Code. Please print legibly.		The fee to renew certific	v these \$50 cations:		
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
	ATES TO RENEW:				Training Units		
Certification T	уре	Category		Class	Required		
OPERATOR		INDUSTRIAL WASTEWAT	ER	6	16		
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name				Phone #:			
Number of Facili	ties (or Plants) that you curr	ently operate:		I am employed b	by the Facility owner		
I am currently not	t operating any Facility]	Ι	provide contractual set	provide contractual services to the Facility		
Please provide th	e following information ab	out each Facility/Plant that you o	perate. Use add	tional pages as needed	!		
Facility / Plant Na	ame		Class	PDWIS (Water) NF	PDES (Wastewater)		



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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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:

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page on	e of a two page form. Both pages must be completed and returned.	perator Certifcation Nu	umber: 10824		
NELSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification ⁻	ype Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	2:		Phone #:		
Number of Facil	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently no	t operating any Facility	II	provide contractual services to the Facility		
Please provide t	ne following information about each Facility/Plant that you operate. Use	e addt	ional pages as needed.		
Facility / Plant N	ame Cla	ass	PDWIS (Water) NPI	DES (Wastewater)	



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:

Last 4 digits of Social Security Number

Email Address

Date

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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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: 10827			
	Please enter you're current address on the lines below and, if necessar	ssary,		Certification(s) shown below will expire on: 3/1/2025		
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
			 Failure to complete or submit reneration dat requirements by the expiration dat result in an additional late fees described in Section V. 		ration date will l late fees as	
I. CERTIFICAT	ES TO RENEW:			Tr	aining Units	
Certification Type	Category		Class	Re	quired	
OPERATOR	WATER DISTRIBUTION		1	16	i	
OPERATOR	WASTEWATER COLLECTION		2	16	;	
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plants) that you currently operate:		I am employ	ed by the Fac	cility owner	
I am currently not oper	rating any Facility	I pi	rovide contractua	l services to	the Facility	
Please provide the foll	owing information about each Facility/Plant that you operate	e. Use addtio	onal pages as nee	eded.		
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (W	astewater)	



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:

Last 4 digits of Social Security Number

Email Address

Date

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

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 10830		
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) show below will expire o		3/1/2025	
correct th	correct the City, state and ZIP Coo	le. Please print legibly.		The fee to ren certi	ew these fications:	\$50
				 Failure to complete or submit re requirements by the expiration da result in an additional late feed described in Section V. 		iration date will al late fees as
	ATES TO RENEW:					raining Units
Certification T	ype Categ	ory		Class	R	equired
TEMPORARY	WAS	TEWATER TREATMENT		5	4	5
II. CURRENT	EMPLOYMENT INFORMA	TION				
Employer's Name				Phone #:	_	
Number of Facilit	ies (or Plants) that you currently o	perate:		I am employed	l by the Fa	cility owner
I am currently not	operating any Facility		Ι	provide contractual services to the Facility		
Please provide th	e following information about each	h Facility/Plant that you operat	te. Use addi	tional pages as neede	ed.	
Facility / Plant Na	me		Class	PDWIS (Water) N	NPDES (W	astewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

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Email Address

Date

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This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	lumber: 10832	
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these \$50 cations:	
			- requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:		-	Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		5	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	I pı	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed		
Facility / Plant Na	me Cl	lass F	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Last 4 digits of Social Security Number

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 10841		
	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	850	
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURREN	FEMPLOYMENT INFORMATION				
Employer's Nan	ie:		Phone #:		
Number of Faci	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility	I p	provide contractual services to the Facility		
Please provide	he following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.		
Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)	



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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.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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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	Please enter you're current address on the lines below and, if no	ecessary,	Certification below will	n(s) shown l expire on: 3/1/2025		
correct the C	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these \$100 rtifications:		
			 requirements result in a 	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units		
Certification ⁻	Гуре Category		Class	Required		
OPERATOR	WASTEWATER TREATMEN	Т	А	16		
OPERATOR	WASTEWATER TREATMEN	Т	5	30		
OPERATOR	WATER TREATMENT		1	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #	#:		
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ed by the Facility owner		
I am currently no	ot operating any Facility	I p	rovide contractua	l services to the Facility		
Please provide th	he following information about each Facility/Plant that you oper	rate. Use addti	onal pages as nee	eded.		
Facility / Plant N	lame	Class]	PDWIS (Water)	NPDES (Wastewater)		



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

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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:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page or	e of a two page form. Both pages must be completed and retur	Operator Certification Number: 10973			
	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION	1	2	16	
II. CURREN	SEMPLOYMENT INFORMATION				
Employer's Nan	le:		Phone #:		
Number of Faci	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility	Ι	provide contractual services to the Facility		
Please provide i	he following information about each Facility/Plant that you operation	te. Use addi	tional pages as needed.		
Facility / Plant N	Jame	Class	PDWIS (Water) NPI	DES (Wastewater)	



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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- Operators In Training must 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:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number: 11037		
SELBY IV	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an additional content of the result in the resul	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ATES TO RENEW:			Training Units
Certification 7	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	Ij	provide contractual serv	ices to the Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	e addt	ional pages as needed.	
Facility / Plant N	ame Cla	ass	PDWIS (Water) NPD	ES (Wastewater)



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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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Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 11206		
	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$50	
			 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I p	provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate.	. Use addti	onal pages as needed.		
Facility / Plant Na	ame	Class	PDWIS (Water) NPI	DES (Wastewater)	



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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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Email Address

Date

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	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.		
	CATES TO RENEW:			Training Units	
Certification ⁻	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	2:		Phone #:		
Number of Facil	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently no	t operating any Facility	I pi	provide contractual services to the Facility		
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Facility / Plant N	ame C	Class I	PDWIS (Water) NP	DES (Wastewater)	



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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.	ned. Op	Operator Certification Number: 11304			
	Please enter you're current address on the lines below and, if necessa		Certification(s) below will ex	3/1//0//5	
correct the City, state	and ZIP Code. Please print legibly.		The fee to renev certifi	w these \$100 cations:	
			- requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as red in Section V.	
I. CERTIFICATES TO RENE	<u>EW:</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION	l	2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLOYMENT I	NFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you	a currently operate:		I am employed l	by the Facility owner	
I am currently not operating any Facility		I pi	rovide contractual se	rvices to the Facility	
Please provide the following informatio	n about each Facility/Plant that you opera	te. Use addtio	onal pages as needed	<i>l.</i>	
Facility / Plant Name		Class I	PDWIS (Water) NI	PDES (Wastewater)	



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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
- 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:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page or	e of a two page form. Both pages must be completed and returned	. (Operator Certification Number: 11455			
JOHNSON	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	new these \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.		
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURREN	FEMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently n	ot operating any Facility	Ι	provide contractual serv	vices to the Facility		
Please provide i	he following information about each Facility/Plant that you operate. U	Use add	tional pages as needed.			
Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- 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.
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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:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page or	e of a two page form. Both pages must	Dperator Certifcation Number: 11458		
JOHNSON	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex	
			The fee to renev certifi	w these \$50 cations:
			requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORAR	Y WASTEW	ATER TREATMENT	5	45
II. CURREN	FEMPLOYMENT INFORMATIO	Ν		
Employer's Nan	le:		Phone #:	
Number of Faci	ities (or Plants) that you currently operate		I am employed b	by the Facility owner
I am currently n	ot operating any Facility		I provide contractual se	rvices to the Facility
Please provide i	he following information about each Fac	ility/Plant that you operate. Use a	ddtional pages as needea	!
Facility / Plant N	Jame	Class	PDWIS (Water) NI	PDES (Wastewater)



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:

Last 4 digits of Social Security Number

Email Address

Date

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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 returne	d. Operator Certification Number: 11488		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
cor	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			Failure to complete or sub requirements by the expirat result in an additional la described in Sectio	
	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EN	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not op	erating any Facility	I pı	rovide contractual ser	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtic	onal pages as needed.	
Facility / Plant Name		Class F	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Both pages must be completed and returned.	Op	Operator Certifcation Number: 11507			
MASON IV	Please enter you're current address on the lines below and, if necessary		Certification(s below will ex		3/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications: \$50		
			Failure to complete or sub requirements by the expirat result in an additional la described in Sectio		iration date will al late fees as	
	CATES TO RENEW:				raining Units	
Certification	Type Category		Class	Re	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #:			
Number of Facil	ties (or Plants) that you currently operate:		I am employed	by the Fa	cility owner	
I am currently no	t operating any Facility	I pr	ovide contractual se	ervices to	the Facility	
Please provide t	he following information about each Facility/Plant that you operate. U	se addtio	onal pages as neede	d.		
Facility / Plant N	Tame C	Class P	DWIS (Water) N	PDES (W	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

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.			rned. O	Operator Certification Number: 1177		
PATEL	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) shown below will expire on: 3/1/20			
corr			The fee to renew certifica	\$50		
				Failure to complete or subm requirements by the expiration result in an additional late described in Section		
	CATES TO RENEW:				Training Units	
Certification 7	Type Ca	tegory		Class	Required	
OPERATOR	W	ATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFOR	MATION				
Employer's Name	2.			Phone #:		
Number of Facili	ties (or Plants) that you current	y operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility		Ιp	provide contractual serv	vices to the Facility	
Please provide th	ne following information about	each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 1195		
FORTNEY	Please enter you're current address on the lines below and, if necessa	ecessary,	Certification(s) shown below will expire on: 3/1/2025 The fee to renew these certifications: \$100 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
	correct the City, state and ZIP Code. Please print legibly.				
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WASTEWATER TREATMEN	Т	А	16	
TEMPORAR	Y WASTEWATER TREATMEN	IT	4	24	
OPERATOR	WATER TREATMENT		4	30	
OPERATOR	WATER TREATMENT		1	16	
OPERATOR	WASTEWATER TREATMEN	IT	5	30	
II. CURREN	F EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently n	ot operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide	the following information about each Facility/Plant that you ope	erate. Use addtio	nal pages as needed.		
Facility / Plant 1	Name	Class P	DWIS (Water) NP	DES (Wastewater)	



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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

This is page on	e of a two page form. Both pages must be completed and return	ned.	Operator Certifcation N	umber: 12001
RAWLINGS	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			lete or submit renewal the expiration date will lditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units
Certification 7	Гуре Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5A	69
II. CURRENT	CEMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	Ι	provide contractual ser	vices to the Facility
Please provide th	he following information about each Facility/Plant that you operat	te. Use ada	ltional pages as needed.	
Facility / Plant N	lame	Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Email Address

Date

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This is page one	of a two page form. Both pages must be completed and returned.	0	perator Certifcation N	umber: 12005
	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
		requirements by the c result in an additi		ete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		4	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addti	onal pages as needed.	
Facility / Plant Na	me Cl.	ass]	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- 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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- Operators In Training must 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:

Last 4 digits of Social Security Number

Email Address

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This is page on	e of a two page form. Both pages must be completed and re	turned.	Operator Certification N	umber: 12015
HILLEGAS	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORAR	Y WASTEWATER TREATMEN	NT	4	24
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility		I provide contractual ser	vices to the Facility
Please provide t	he following information about each Facility/Plant that you op	erate. Use add	ltional pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)



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:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Bot	h pages must be completed and retu	rned. O _l	perator Certifcatio	on Number	: 1219
WOOD, III	Please enter you're current address on the lines below and, if necessar	cessary,	Certification(s) shown below will expire on: 3/1/2025			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$50
				requirements result in a	• submit renewal piration date will nal late fees as ection V.	
I. CERTIFIC	CATES TO RENEW	- -			-	Fraining Units
Certification ⁻	Гуре	Category		Class	I	Required
TEMPORARY	(WASTEWATER TREATMENT	Г	5	4	15
TEMPORARY	(WASTEWATER TREATMENT	Г	А		24
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #	#:	
Number of Facil	ities (or Plants) that you cur	crently operate:		I am employ	ed by the F	Facility owner
I am currently no	ot operating any Facility		Ιp	rovide contractua	l services t	to the Facility
Please provide ti	he following information al	bout each Facility/Plant that you oper	ate. Use addtio	onal pages as nee	eded.	
Facility / Plant N	lame		Class I	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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Email Address

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This is page on	e of a two page form. Bo	th pages must be completed	l and returned.	Operator Certifcatio	on Number: 1	2244	
VALENCIA	Please enter you're current address on the lines below and, if necessary,			Certification(s) show below will expire o			
correct the City, state and ZIP Code. Please print legibly.		bly.	The fee to re cer	enew these stifications:	50		
				Failure to complete requirements by the result in an additi described in		expiration date will ional late fees as	
	CATES TO RENEW					ining Units	
Certification ⁻	Туре	Category		Class	Req	luired	
TEMPORARY	(INDUSTRIAL WASTE	EWATER	6	24		
II. CURRENT	EMPLOYMENT INI	FORMATION					
Employer's Nam	e:			Phone #	ŧ:		
Number of Facil	ities (or Plants) that you cu	irrently operate:		I am employe	ed by the Faci	lity owner	
I am currently no	ot operating any Facility			I provide contractual	l services to th	e Facility	
Please provide t	he following information a	bout each Facility/Plant tha	t you operate. Use ad	dtional pages as need	ded.		
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (Was	stewater)	



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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.	Ope	rator Certifcation	Number:	12245	
BITTNER III	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) show below will expire or			
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications:	\$50	
			requirements b result in an	submit renewal iration date will al late fees as ction V.		
	ATES TO RENEW:				raining Units	
Certification T	ype Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		6	24	4	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Fa	cility owner	
I am currently no	t operating any Facility	I pro	vide contractual s	ervices to	the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtion	al pages as neede	ed.		
Facility / Plant N	ame Cl	lass PI	OWIS (Water) N	IPDES (W	/astewater)	



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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.
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page on	e of a two page form. Both pages must be completed and retur	ned. Op	Operator Certifcation Number: 12325			
	Please enter you're current address on the lines below and, if necessa	essary,	Certification(s) shown below will expire on: 3/1/2025			
	correct the City, state and ZIP Code. Please print legibly.		The fee to represent	new these	\$100	
			- requirements result in a	submit renewal biration date will al late fees as ection V.		
	CATES TO RENEW:			т	raining Units	
Certification ⁻	Гуре Category		Class	R	equired	
TEMPORARY	WASTEWATER TREATMENT		5	4	5	
TEMPORARY	WASTEWATER TREATMENT		А	2	4	
TEMPORARY	WATER TREATMENT		4	4	5	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #	:		
Number of Facil	ities (or Plants) that you currently operate:		I am employe	d by the Fa	acility owner	
I am currently no	ot operating any Facility	I pi	rovide contractual	services to	the Facility	
Please provide t	he following information about each Facility/Plant that you opera	te. Use addtio	onal pages as need	led.		
Facility / Plant N	lame	Class F	PDWIS (Water)	NPDES (V	Vastewater)	



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:

Last 4 digits of Social Security Number

Email Address

Date

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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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. Op	erator Certifcation	Number: 12326	
	Please enter you're current address on the lines below and, if necessa		Certification(s) shown below will expire on: 3/1/202		
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	ew these \$100 fications:	
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
TEMPORARY	WASTEWATER TREATM	1ENT	4	24	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not op	perating any Facility	I pr	ovide contractual s	ervices to the Facility	
Please provide the f	ollowing information about each Facility/Plant that you	operate. Use addtio	nal pages as neede	ed.	
Facility / Plant Name	2	Class P	DWIS (Water) N	IPDES (Wastewater)	



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:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one	e of a two page form. Both pages must be completed and retu	rned. C	perator Certifcation	on Numbe	er: 12338	
NULL	Please enter you're current address on the lines below and, if necessa		Certificatio below wil			
	correct the City, state and ZIP Code. Please print legibly.		The fee to r ce	enew thes rtification	\$100	
			requirement result in a	Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.		
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype Category		Class		Required	
TEMPORARY	WASTEWATER TREATMEN	Г	А		24	
TEMPORARY	WATER TREATMENT		1		24	
TEMPORARY	WASTEWATER TREATMENT	Г	5		45	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	2		Phone	#:		
Number of Facili	ties (or Plants) that you currently operate:		I am employ	red by the	Facility owner	
I am currently no	t operating any Facility	Ιı	provide contractua	l services	to the Facility	
Please provide th	e following information about each Facility/Plant that you oper	ate. Use addt	ional pages as nee	eded.		
Facility / Plant N	ame	Class	PDWIS (Water)	NPDES	(Wastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Last 4 digits of Social Security Number

Email Address

Date

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This is page one	Oper	Operator Certifcation Number: 12339				
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on		3/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50	
		Failure to complete or requirements by the ex result in an addition described in S		y the exp addition	oiration date will al late fees as	
	ATES TO RENEW:				raining Units	
Certification Ty	vpe Category		Class	R	equired	
TEMPORARY	WATER TREATMENT		G	7		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Fa	acility owner	
I am currently not	operating any Facility	I prov	vide contractual s	ervices to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Use	addtiond	al pages as neede	d.		
Facility / Plant Na	me Clas	ss PD	WIS (Water) N	PDES (V	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Email Address

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This is page one	of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	umber: 12340	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 3/1/2		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT	EMPLOYMENT INFORMATION				
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Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Us	se addti	onal pages as needed.		
Facility / Plant Na	me Cl	lass	PDWIS (Water) NPI	DES (Wastewater)	



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Email Address

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This is page one of a two page form. Both pages must be completed and returned				Operator Certifcati	on Number:	umber: 12341	
NICKELSON	Please enter you're current address on the lines below and, if necessary,			Certificatio below wil	n(s) shown ll expire on:	3/1/2025	
correct the City, state and ZIP Code. Please print legibly.			oly.	The fee to r ce	enew these ortifications:	\$50	
				requirement result in	submit renewal iration date will al late fees as ction V.		
	CATES TO RENEW	_		-		raining Units	
Certification 7	Туре	Category		Class	R	equired	
TEMPORARY	,	INDUSTRIAL WASTE	WATER	2	0		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	2:			Phone	#:		
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employ	ved by the Fa	cility owner	
I am currently no	t operating any Facility	7 —		I provide contractual services to the Facility			
Please provide th	e following information a	bout each Facility/Plant tha	t you operate. Use ad	dtional pages as nee	eded.		
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (W	/astewater)	



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VEST JR	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 3/1/20 The fee to renew these certifications: \$50		
	correct the City, state and ZIP Code. Please print legibly.				
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	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	WATER TREATMENT		3	4	5
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			- requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES TO RENEW	<u>'-</u>			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTION	١	2	24		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT EMPLOYMENT INF	FORMATION					
Employer's Name:			Phone #:			
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RAINES	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	/,	Certification(s) sho below will expire			
			The fee to rene certif	ew these ications:	\$50	
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		ration date will l late fees as	
	ATES TO RENEW:		_		aining Units	
Certification T	ype Category		Class	Re	quired	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facili	ies (or Plants) that you currently operate:		I am employed	by the Fac	cility owner	
I am currently not	operating any Facility	I pr	ovide contractual se	ervices to	the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as neede	d.		
Facility / Plant Na	ame Cl	lass P	DWIS (Water) N	PDES (W	astewater)	



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:

Last 4 digits of Social Security Number

Email Address

Date

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

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This is page one	of a two page form. Bot	h pages must be completed	d and returned.	Operator Certifcati	on Number:	12348	
	Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire or			
correct the City, state and ZIP Code. Please print legibly.			bly.	The fee to r ce	enew these rtifications:	\$50	
				requirement result in	 Failure to complete or submit requirements by the expiration d result in an additional late feeder described in Section V. 		
	ATES TO RENEW					raining Units	
Certification T	уре	Category		Class	R	equired	
TEMPORARY		INDUSTRIAL WASTE	EWATER	2	0		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone	#:		
Number of Facilit	ies (or Plants) that you cu	rrently operate:		I am employ	red by the Fa	cility owner	
I am currently not	operating any Facility	7		I provide contractua	l services to	the Facility	
Please provide th	e following information a	bout each Facility/Plant tha	t you operate. Use ad	dtional pages as nee	eded.		
Facility / Plant Na	ime		Class	PDWIS (Water)	NPDES (W	Vastewater)	



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Last 4 digits of Social Security Number

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CROWDER	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	ΙĮ	provide contractual serv	ices to the Facility
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Email Address

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation	n Number	12351
	Please enter you're current address on the lines below and, if necessary,		Certification(below will e		3/1/2025
·	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	new these	\$50
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		piration date will al late fees as
I. CERTIFIC	ATES TO RENEW:			1	raining Units
Certification Ty	ype Category		Class	F	Required
TEMPORARY	WATER DISTRIBUTION		1	2	24
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	d by the F	acility owner
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Facility / Plant Na	me Cla	ass PI	DWIS (Water) 1	NPDES (V	Wastewater)



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PUMPUTIS	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50 cations:
			requirements by result in an a	elete or submit renewal the expiration date will dditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
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Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner
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	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) showr below will expire or		3/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50
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	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	WATER DISTRIBUTION		1	2	4
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This is page one of a two page form. I	Both pages must be completed and retu	rned. O	perator Certifcatio	on Number: 12363	
	Please enter you're current address on the lines below and, if necessa	cessary,	Certification(s) shown below will expire on: 3/1/2025		
correct the City, state a	and ZIP Code. Please print legibly.		The fee to re cer	enew these \$100	
			requirements – requirements – –	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.	
I. CERTIFICATES TO RENE	<u>W:</u>			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTIO	N	2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMPLOYMENT I	NFORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Plants) that you	currently operate:		I am employe	ed by the Facility owner	
I am currently not operating any Facility		I p	rovide contractual	l services to the Facility	
Please provide the following information	n about each Facility/Plant that you oper	ate. Use addti	onal pages as need	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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This is page on	e of a two page form. Bot	h pages must be completed and re	eturned. C	perator Certifcation	on Number	12364
HARVILLE	Please enter you're current address on the lines below and, if necessa	necessary,		Certification(s) shown below will expire on: 3/1/2025		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100
				requirements result in a	Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Т	raining Units
Certification 7	Гуре	Category		Class	F	Required
TEMPORARY	/	WASTEWATER COLLECT	ION	2	2	24
TEMPORARY	/	WATER DISTRIBUTION		1	2	24
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone 7	#:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner
I am currently no	t operating any Facility		Ij	provide contractua	l services to	o the Facility
Please provide th	he following information al	pout each Facility/Plant that you of	perate. Use addt	ional pages as nee	eded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Last 4 digits of Social Security Number

Email Address

Date

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

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This is page one of a two page form. E	Both pages must be completed and retu	rned. O	perator Certifcation	n Number: 12365		
	Please enter you're current address on the lines below and, if necess	cessary,		Certification(s) shown below will expire on: 3/1/2025		
correct the City, state a	nd ZIP Code. Please print legibly.		The fee to re	new these \$100		
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFICATES TO RENE	<u>W:</u>			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTIO	N	2	24		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT EMPLOYMENT IN	NFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or Plants) that you	currently operate:		I am employe	d by the Facility owner		
I am currently not operating any Facility		I p	rovide contractual	services to the Facility		
Please provide the following information	about each Facility/Plant that you operation	ate. Use addti	onal pages as need	led.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page one	e of a two page form. Both pages must be completed and return	ned. Op	perator Certifcation	n Number: 12366	
CECIL	Please enter you're current address on the lines below and, if necessa		Certification(s) shown below will expire on: 3/1/2025		
correct the	correct the City, state and ZIP Code. Please print legibly.		The fee to represent	new these \$100	
			- requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ibed in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER TREATMENT		2	24	
TEMPORARY	WASTEWATER TREATMENT		3	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x		Phone #	:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employe	d by the Facility owner	
I am currently not	t operating any Facility	I pi	rovide contractual	services to the Facility	
Please provide th	e following information about each Facility/Plant that you operat	e. Use addtio	onal pages as need	led.	
Facility / Plant Na	ame	Class F	PDWIS (Water)	NPDES (Wastewater)	



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:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	e of a two page form. Bot	h pages must be completed and retu	rned. O	perator Certifcatio	on Number:	12367
	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.	cessary,	below will	Certification(s) shown below will expire on: 3/1/2025		
	confect the only, state and	Zhi Code. i lease print regiory.		The fee to re	enew these rtifications:	\$100
				Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		iration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Т	raining Units
Certification T	Туре	Category		Class		equired
TEMPORARY	,	WASTEWATER COLLECTIO	N	2	24	4
TEMPORARY	,	WATER DISTRIBUTION		1	24	4
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone #	<i>i</i> :	
Number of Facili	ties (or Plants) that you cur	rrently operate:		I am employ	ed by the Fa	cility owner
I am currently no	t operating any Facility		Ιp	rovide contractua	l services to	the Facility
Please provide th	ne following information al	oout each Facility/Plant that you oper	ate. Use addti	onal pages as nee	ded.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	/astewater)



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This is page on	e of a two page form. Both pages must be completed and returned.	Op	perator Certifcation N	lumber:	12368
WOOLERY	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) below will exp		3/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations:	\$50
			 Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V. 		
	CATES TO RENEW:				raining Units
Certification	Type Category		Class	R	equired
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ties (or Plants) that you currently operate:		I am employed b	y the Fa	cility owner
I am currently no	t operating any Facility	I p	rovide contractual ser	rvices to	the Facility
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed		
Facility / Plant N	Tame Cla	ass I	PDWIS (Water) NP	PDES (W	Vastewater)



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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:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one o	f a two page form. Both pages must be completed and n	eturned. C	perator Certifcation	on Number:	12369	
	Please enter you're current address on the lines below and, if necessa	f necessary,		Certification(s) shown below will expire on: 3/1/2025		
C	prrect the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
			requirements result in a	Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICA	TES TO RENEW:			Т	raining Units	
Certification Typ	De Category		Class	R	equired	
TEMPORARY	WASTEWATER COLLECT	ION	2	24	4	
TEMPORARY	WATER DISTRIBUTION		1	24	4	
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employ	red by the Fa	cility owner	
I am currently not o	perating any Facility	Iı	provide contractua	al services to	the Facility	
Please provide the j	following information about each Facility/Plant that you o	perate. Use addt	ional pages as nee	eded.		
Facility / Plant Nam	e	Class	PDWIS (Water)	NPDES (W	/astewater)	



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- 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.

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Applicant's Signature:

Last 4 digits of Social Security Number

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This is page one of a two page form. Both pages must be completed and returned				I. Operator Certification Number: 12370			
THOMPSON	Please enter you're current address on the lines below and, if necess		necessary,		Certification(s) shown below will expire on: 3/1/2025		
correct the City, state and ZIP Code. Please print leg		ZIP Code. Please print legibly.		The fee to renew these certifications: \$100			
				 Failure to complete or submit requirements by the expiration result in an additional late f described in Section V 		iration date will al late fees as	
I. CERTIFICATES TO RENEW:					т	raining Units	
Certification T	ӯре	Category		Class	Re	equired	
TEMPORARY	,	WASTEWATER COLLECT	ION	2	24	1	
TEMPORARY		WATER DISTRIBUTION		1	24	1	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone	#:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the Fa	cility owner	
I am currently not operating any Facility			Ι	I provide contractual services to the Facility			
Please provide th	e following information al	pout each Facility/Plant that you of	perate. Use add	tional pages as nee	eded.		
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	astewater)	



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.
- 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.
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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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Email Address

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 12371			
TAYLOR	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) s below will exp			
				The fee to renew certific	\$100		
				- requirements by result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES TO RENEW:					Training Units		
Certification	Туре	Category		Class	Required		
TEMPORAR	Y	WATER TREATMENT		1	24		
TEMPORAR	Y	WASTEWATER TREATMEN	ΙT	5	45		
TEMPORAR	Y	WASTEWATER TREATMEN	ΙT	А	24		
II. CURREN	FEMPLOYMENT INF	ORMATION					
Employer's Nar	ne:			Phone #:			
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner			
I am currently not operating any Facility			I pi	I provide contractual services to the Facility			
Please provide	the following information al	pout each Facility/Plant that you ope	erate. Use addtio	onal pages as needed.			
Facility / Plant	Name		Class I	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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:

Last 4 digits of Social Security Number

Email Address

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WALLER	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		if necessary,	Certification below will		3/1/2025	
					The fee to renew these certifications: \$100		
				 Failure to complete or submit re requirements by the expiration data result in an additional late fee described in Section V. 		ation date will late fees as	
I. CERTIFICATES TO RENEW:					Tra	Training Units	
Certification	Туре	Category		Class	Rec	quired	
TEMPORAR	Y	WATER TREATMENT		1	24		
TEMPORAR	Y	WASTEWATER TREATM	IENT	5	45		
TEMPORAR	Y	WASTEWATER TREATM	IENT	А	24		
II. CURREN	T EMPLOYMENT INF	ORMATION					
Employer's Nan	ne:			Phone #			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner				
I am currently not operating any Facility			Ι	I provide contractual services to the Facility			
Please provide	the following information a	bout each Facility/Plant that you	operate. Use add	tional pages as need	ded.		
Facility / Plant 1	Name		Class	PDWIS (Water)	NPDES (Wa	stewater)	



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Name and Certification Number of Operator in Responsible Charge:

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RIVERA	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi		
			The fee to renew certifica	50	
			requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	×		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. U	lse addtio	onal pages as needed.		
Facility / Plant Na	ame C	Class P	DWIS (Water) NPD	ES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of	urned. O	Operator Certification Number: 12374					
	Please enter you're current address on the lines below and, if necess		ecessary,	Certification(s) shown below will expire on: 3/1/2025 The fee to renew these certifications: \$100			
correct the City, state and ZIP Code. Please		ZIP Code. Please print legibly.					
				Failure to complete or subm requirements by the expiration result in an additional late described in Section		piration date will al late fees as	
I. CERTIFICA	ATES TO RENEW:				т	raining Units	
Certification Ty	ре	Category		Class		equired	
TEMPORARY		WATER TREATMENT		3	4	.5	
TEMPORARY		WASTEWATER TREATMEN	Т	3	4	-5	
II. CURRENT E	CMPLOYMENT INFO	ORMATION					
Employer's Name:				Phone 7	#:		
Number of Facilitie	es (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently not operating any Facility			Ιŗ	I provide contractual services to the Facility			
Please provide the	following information ab	out each Facility/Plant that you oper	rate. Use addti	ional pages as nee	eded.		
Facility / Plant Nan	ne		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Email Address

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This is page on	e of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 12375			
SULLIVAN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 3/1/202		
			The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification ⁻	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		1	24	
II. CURRENT	CEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently no	ot operating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		
Facility / Plant N	lame Cla	ass P	DWIS (Water) NP	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necessa	ssary,	Certification below wil	n(s) shown l expire on:	3/1/2025		
с	correct the City, state and	ty, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50	
				 Failure to complete or submit representation of the expiration da result in an additional late fees described in Section V. 		piration date will al late fees as	
I. CERTIFICA	ATES TO RENEW:				т	raining Units	
Certification Ty	pe	Category		Class	R	equired	
TEMPORARY		WASTEWATER TREATMENT		5	4	5	
TEMPORARY		WASTEWATER TREATMENT		А	2	4	
II. CURRENT F	EMPLOYMENT INFO	ORMATION					
Employer's Name:				Phone 7	#:		
Number of Facilitie	es (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently not o	operating any Facility]	I pi	covide contractua	l services to	o the Facility	
Please provide the	following information ab	out each Facility/Plant that you operat	e. Use addtio	onal pages as nee	eded.		
Facility / Plant Nar	ne		Class I	PDWIS (Water)	NPDES (V	Wastewater)	



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			Failure to complete or submit rep requirements by the expiration da result in an additional late fees described in Section V.		iration date will I late fees as	
	CATES TO RENEW:				aining Units	
Certification	Гуре Category		Class	Re	equired	
TEMPORARY	WASTEWATER COLLECTION		2	24	ŀ	
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Employer's Nam	e:		Phone #:			
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5	Please enter you're current address on the lines below and, if necessa	essary,		Certification(s) shown below will expire on: 3/1/2025	
correct the City, sta	correct the City, state and ZIP Code. Please print legibly.		The fee to rec	enew these tifications:	\$50
			Failure to complete or submit representation of the expiration date of the expiration of the expiratio		iration date will al late fees as
I. CERTIFICATES TO REM	NEW:			Т	raining Units
Certification Type	Category		Class	Re	equired
TEMPORARY	WASTEWATER TREATMENT		А	24	4
TEMPORARY	WASTEWATER TREATMENT		5	4	5
II. CURRENT EMPLOYMENT	FINFORMATION				
Employer's Name:			Phone #	!:	
Number of Facilities (or Plants) that y	you currently operate:		I am employ	ed by the Fa	cility owner
I am currently not operating any Facil	lity	I p	rovide contractua	l services to	the Facility
Please provide the following informa	tion about each Facility/Plant that you opera	te. Use addti	onal pages as nee	ded.	
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Certification Ty	ype	Category		Class	Required
TEMPORARY	,	WASTEWATER TREATMENT		3	45
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name				Phone #:	
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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This is page one	of a two page form. Both pages must be completed and returned.	Oj	perator Certifcation Nu	mber: 12389
BROWN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi	
CO			The fee to renew certifica	\$50
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		6	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	Ιp	rovide contractual serv	rices to the Facility
Please provide th	e following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.	
Facility / Plant N	ame C	Class I	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

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Applicant's Signature:

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Email Address

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This is page one of a two page for	orm. Both pages must be completed and retur	ned. C	perator Certifcation	n Number: 1239
	re current address on the lines below and, if nec	essary,	Certification below will	
correct the City,	state and ZIP Code. Please print legibly.		The fee to re cert	new these \$100
			requirements result in an	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFICATES TO R	ENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		5AS	7
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
II. CURRENT EMPLOYME	NT INFORMATION			
Employer's Name:			Phone #	:
Number of Facilities (or Plants) that	at you currently operate:		I am employe	ed by the Facility owner
I am currently not operating any Fa	acility	Ιı	provide contractual	services to the Facility
Please provide the following inform	mation about each Facility/Plant that you opera	te. Use addt	ional pages as need	led.
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a t	two page form. Both pages must be completed and return	ed. Op	perator Certifcation	on Number	: 1242
	Please enter you're current address on the lines below and, if necessa	ssary,		Certification(s) shown below will expire on: 3/1/2025	
correc	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.		piration date will al late fees as
I. CERTIFICATE	<u>S TO RENEW:</u>			Т	raining Units
Certification Type	Category		Class	F	Required
OPERATOR	WASTEWATER TREATMENT		А	1	6
OPERATOR	WASTEWATER TREATMENT		5	3	80
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Facilities (or	r Plants) that you currently operate:		I am employ	ed by the F	acility owner
I am currently not opera	ating any Facility	I pi	rovide contractua	l services to	o the Facility
Please provide the follo	owing information about each Facility/Plant that you operate	e. Use addtio	onal pages as nee	eded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (V	Wastewater)



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Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 1562			
VERMILLION	Please enter you're curren	er you're current address on the lines below and, if necessary	sary,	Certification(s below will e		
correct the Cir	correct the City, state and	ZIP Code. Please print legibly.		The fee to rend certif	ew these \$100 fications:	
				 requirements b result in an 	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
	<u>CATES TO RENEW</u>	_			Training Units	
Certification 7	Гуре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		А	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WATER TREATMENT		1	16	
OPERATOR		WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner	
I am currently no	t operating any Facility		Ιp	provide contractual s	ervices to the Facility	
Please provide th	he following information at	bout each Facility/Plant that you operate	e. Use addti	onal pages as neede	ed.	
Facility / Plant N	ame		Class	PDWIS (Water) N	PDES (Wastewater)	



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This is page one	of a two page form. Both pages must be completed and retur	ned. C	perator Certifcation N	umber: 1665
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	ΙĮ	provide contractual ser	vices to the Facility
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Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.			urned. O	Operator Certifcation Number: 1946			
	Please enter you're current address on the lines below and, if necessary	ecessary,	ry, Certification(s) shown below will expire on: 3				
	correct the City, state and	orrect the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these \$100 ications:		
				 requirements by result in an a 	plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units		
Certification ⁻	Гуре	Category		Class	Required		
OPERATOR		WATER DISTRIBUTION		1	16		
OPERATOR		WASTEWATER COLLECTIO	DN	2	16		
OPERATOR		WATER TREATMENT		2	16		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Nam	e:			Phone #:			
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently no	ot operating any Facility	7 —	Ιp	I provide contractual services to the Facility			
Please provide th	he following information al	oout each Facility/Plant that you ope	rate. Use addti	onal pages as needed	<i>d</i> .		
Facility / Plant N	lame		Class	PDWIS (Water) N	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- 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:

Last 4 digits of Social Security Number

Email Address

Date

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

				Operator Certifcation Number: 2144		
	Please enter you're current address on the lines below and, if necessary,	cessary,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification 7	Гуре (Category		Class	Required	
OPERATOR	l.	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Nam	e:			Phone #:		
Number of Facili	ities (or Plants) that you curre	ently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility]	II	provide contractual serv	vices to the Facility	
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Last 4 digits of Social Security Number

Email Address

Date

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

This is page one	e of a two page form. Both pages must be completed and returned	. Op	perator Certifcation Nu	mber: 2151
WALKER, JR.	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ry,	Certification(s) sl below will expi	
			The fee to renew certifica	\$50
			 Failure to complete or submit rend requirements by the expiration data result in an additional late fees a described in Section V. 	
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility	I p	rovide contractual serv	ices to the Facility
Please provide th	e following information about each Facility/Plant that you operate. U	Use addtio	onal pages as needed.	
Facility / Plant Na	ame	Class I	PDWIS (Water) NPD	ES (Wastewater)



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Last 4 digits of Social Security Number

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This is page one	e of a two page form. Both	pages must be completed and ret	urned. (perator Certifcati	on Numbe	r: 2337
MANNING	Please enter you're current address on the lines below and, if necess	ecessary,		Certification(s) shown below will expire on: 3/1/2025 The fee to renew these certifications: \$100		
	correct the City, state and ZIP Code. Please print legibly.					
				requirement result in a	s by the ex	r submit renewal xpiration date will nal late fees as Section V.
I. CERTIFIC	ATES TO RENEW:					Training Units
Certification T	уре	Category		Class		Required
OPERATOR		WASTEWATER COLLECTIO	NC	2		16
OPERATOR		WATER TREATMENT		2		16
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	:			Phone	#:	
Number of Facili	ties (or Plants) that you curr	ently operate:		I am employ	ved by the	Facility owner
I am currently not	t operating any Facility]	Ι	provide contractua	al services	to the Facility
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Applicant's Signature:

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This is page one	e of a two page form. Bot	h pages must be completed and ret	urned. (Operator Certification No	umber: 2374
ORNDORFF	Please enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) s below will exp	3/1//1/5	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
				requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	CATES TO RENEW:	_			Training Units
Certification 1	Гуре	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	7 _	Ι	provide contractual serv	vices to the Facility
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BEAUCHAMP	Please enter you're current address on the lines below and, if necess	ssary,	Certification(s) shown below will expire on: 3/1/2025 The fee to renew these certifications: \$100 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
	correct the City, state and ZIP Code. Please print legibly.					
I. CERTIFIC	CATES TO RENEW:			Training Units		
Certification 7	ype Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	2		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently no	t operating any Facility	I prov	ide contractual so	ervices to the Facility		
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SALVATORE Please enter you're current address on the lines below and, if necessary,	Certification(s) below will ex	
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I. CERTIFICATES TO RENEW:		Training Units
Certification Type Category	Class	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 b	by the Facility owner
I am currently not operating any Facility I provi	ide contractual ser	rvices to the Facility
Please provide the following information about each Facility/Plant that you operate. Use addtional	l pages as needed	
Facility / Plant Name Class PDV	WIS (Water) NF	PDES (Wastewater)



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.
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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:

Last 4 digits of Social Security Number

Email Address

Date

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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This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation	Number:	2511
HANAK	Please enter you're current address on the lines below and, if necessary	,	Certification(s below will e		3/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rend certin	ew these fications:	\$50
			 Failure to complete or submit rene requirements by the expiration data result in an additional late fees a described in Section V. 		oiration date will al late fees as
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Fa	acility owner
I am currently no	t operating any Facility	I pr	ovide contractual s	ervices to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as neede	ed.	
Facility / Plant N	ame Cla	ass P	DWIS (Water) N	IPDES (V	Vastewater)



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation	Number:	2525	
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) shown below will expire on		3/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	new these ifications:	\$50	
			Failure to complete or submit re requirements by the expiration de result in an additional late fee described in Section V.		oiration date will al late fees as	
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	1 by the Fa	acility owner	
I am currently not	operating any Facility	I pr	ovide contractual	services to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as need	ed.		
Facility / Plant Na	me Cl	Class P	DWIS (Water) N	VPDES (V	Vastewater)	



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page one of a two page form. Both pages must be completed and returned			ned. O ₁	d. Operator Certification Number: 2526				
MORRIS	Please enter you're current address on the lines below and, if necessa	essary,		Certification(s) shown below will expire on: 3/1/2025				
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$50		
				Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.		piration date will nal late fees as		
I. CERTIFIC	ATES TO RENEW	<u>.</u>			-	Fraining Units		
Certification T	уре	Category		Class	1	Required		
TEMPORARY		WASTEWATER TREATMENT		5	4	15		
TEMPORARY		WASTEWATER TREATMENT		А		24		
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Name	:			Phone #	#:			
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the H	Facility owner		
I am currently not	t operating any Facility		I p	rovide contractua	l services t	to the Facility		
Please provide th	e following information at	pout each Facility/Plant that you operc	te. Use addtio	onal pages as nee	eded.			
Facility / Plant Na	ame		Class 1	PDWIS (Water)	NPDES (Wastewater)		



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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:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	e of a two page form. Both pages must be completed and returned.	Op	perator Certification	Number:	2552
DILLOW	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 3/1/2		3/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rend certin	ew these fications:	\$50
			Failure to complete or submit rep requirements by the expiration da result in an additional late fees described in Section V.		oiration date will al late fees as
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Fa	acility owner
I am currently no	t operating any Facility	I pı	covide contractual s	ervices to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtic	onal pages as neede	ed.	
Facility / Plant Na	ame Cla	ass F	PDWIS (Water) N	IPDES (V	Vastewater)



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This is page one of a two page form. Bot	h pages must be completed and return	ed. Op	erator Certifcation	Number: 2639	
•	Please enter you're current address on the lines below and, if necess	ssary,	Certification(s) shown below will expire on: 3/1/2025		
correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications: \$50		
			requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES TO RENEW	• •			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner	
I am currently not operating any Facility		I pr	ovide contractual s	services to the Facility	
Please provide the following information al	pout each Facility/Plant that you operate	e. Use addtio	nal pages as neede	ed.	
Facility / Plant Name		Class P	DWIS (Water) N	NPDES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned.		ned. Op	. Operator Certifcation Number: 2740			
CICERO	Please enter you're current address on the lines below and, if necessa		essary,	Certification(s) shown below will expire on: 3/1/2025		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica		
					ete or submit renewal	
				requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW	<u>:</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		А	16	
TEMPORAR	Y	WASTEWATER TREATMENT		4	24	
OPERATOR		WATER TREATMENT		4	30	
OPERATOR		WASTEWATER TREATMENT		5	30	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently r	not operating any Facility		I pro	ovide contractual serv	vices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you operated	te. Use addtion	nal pages as needed.		
Facility / Plant	Name		Class Pl	DWIS (Water) NPI	DES (Wastewater)	



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:

Last 4 digits of Social Security Number

Email Address

Date

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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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.		Operat	Operator Certification Number: 2742			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 3/1/202			
correct the City, state a	nd ZIP Code. Please print legibly.		The fee to rene certifi	w these \$100 cations:		
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFICATES TO RENE			_	Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
OPERATOR	WATER TREATMENT		5	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT EMPLOYMENT IN	NFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you	currently operate:		I am employed I	by the Facility owner		
I am currently not operating any Facility		I provid	provide contractual services to the Facility			
Please provide the following information	about each Facility/Plant that you operate. Us	se addtional	pages as needed	l.		
Facility / Plant Name	C	lass PDW	VIS (Water) NI	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training must 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:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Both	pages must be completed and	returned.	Operator Certification 1	Number: 2758
JEWELL, III	Please enter you're current address on the lines below and, if necessary,		if necessary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print le		IP Code. Please print legibly.		The fee to rene certif	w these \$50 ications:
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	CATES TO RENEW:	-			Training Units
Certification ⁻	Гуре	Category		Class	Required
OPERATOR	,	WASTEWATER COLLEC	TION	2	16
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curr	ently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility	1]	I provide contractual se	ervices to the Facility
Please provide t	he following information abo	ut each Facility/Plant that you	operate. Use add	ltional pages as needed	<i>d</i> .
Facility / Plant N	lame		Class	PDWIS (Water) N	PDES (Wastewater)



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:

Last 4 digits of Social Security Number

Email Address

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This is page one of a tw	vo page form. Both pages must be completed and returned.	Derator Certifcation Number: 2781			
FREBERTSHAUSER Please enter you're current address on the lines below and, if necessar			Certification(s) shown below will expire on: 3/1/202		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	550	
				ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operat	ing any Facility	I prov	vide contractual serv	vices to the Facility	
Please provide the follow	ving information about each Facility/Plant that you operate. Use	addtion.	al pages as needed.		
Facility / Plant Name	Cla	ass PD	OWIS (Water) NPI	DES (Wastewater)	



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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:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a t	wo page form. Both pages must be completed and returne	ed. Ope	Operator Certifcation Number: 2786			
	e enter you're current address on the lines below and, if necess	sary,	Certification(below will e			
correc	et the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications: \$50		
			requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATE	S TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT EMP	LOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or	Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently not opera	ting any Facility	I pro	ovide contractual s	services to the Facility		
Please provide the follo	wing information about each Facility/Plant that you operate.	. Use addtion	nal pages as neede	ed.		
Facility / Plant Name		Class Pl	OWIS (Water) N	NPDES (Wastewater)		



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V. LATE FEES AND REINSTATEMENT

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This is page one of a two page	form. Both pages must be completed and retur	ned. Op	perator Certification N	Number: 2917
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will ex	
correct the City	7, state and ZIP Code. Please print legibly.		The fee to renev certifi	w these \$50 cations:
			- requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as red in Section V.
I. CERTIFICATES TO I	RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
OPERATOR	WATER TREATMENT		5AS	16
II. CURRENT EMPLOYMI	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) t	hat you currently operate:		I am employed l	by the Facility owner
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Please provide the following info	rmation about each Facility/Plant that you opera	te. Use addtic	onal pages as needed	1.
Facility / Plant Name		Class F	PDWIS (Water) NI	PDES (Wastewater)



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Applicant's Signature:

Last 4 digits of Social Security Number

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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 pa	ge form. Both pages must be completed and retu	rned. C	Operator Certifcation Nu	umber: 3118
	you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO				Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		5AS	7
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plant	s) that you currently operate:		I am employed by	the Facility owner
I am currently not operating a	ny Facility	I	provide contractual serv	vices to the Facility
Please provide the following i	information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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:

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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:

Last 4 digits of Social Security Number

Email Address

Date

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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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 3120			
	Please enter you're current address on the lines below and, if necessa			Certification(s) shown below will expire on: 3/1/2025		
	correct the City, state and ZIP Code. Ple	ease print legibly.		The fee to re	enew these rtifications	\$100
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		xpiration date will nal late fees as
I. CERTIFIC	CATES TO RENEW:					Training Units
Certification	Type Category			Class		Required
OPERATOR	WASTEW	ATER TREATMENT		А		16
OPERATOR	WASTEW	ATER TREATMENT		5		30
OPERATOR	WATER T	REATMENT		2		16
II. CURRENT	EMPLOYMENT INFORMATIO	N				
Employer's Nam	e:			Phone #	#:	
Number of Facil	ities (or Plants) that you currently operate	:		I am employ	ed by the	Facility owner
I am currently no	ot operating any Facility		I prov	ide contractua	l services	to the Facility
Please provide t	he following information about each Fact	ility/Plant that you operate. Use	addtiona	l pages as nee	eded.	
Facility / Plant N	lame	Cla	ss PD	WIS (Water)	NPDES (Wastewater)



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:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 3137			
NICHOLS	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) below will ex			
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these \$50		
			requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as bed in Section V.		
	ATES TO RENEW:			Training Units		
Certification 7	ype Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		1	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently no	t operating any Facility	I pr	ovide contractual se	ervices to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed	<i>d.</i>		
Facility / Plant N	ame	lass P	DWIS (Water) N	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Bot	rned. Op	I. Operator Certification Number: 3147			
DOOMS JR	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) shown below will expire on: 3/1/2025 The fee to renew these certifications: \$50			
				requirements - result in a	s by the ex	submit renewal piration date will nal late fees as ection V.
I. CERTIFIC	CATES TO RENEW:	• •			٦	Fraining Units
Certification ⁻	Гуре	Category		Class	F	Required
OPERATOR		WASTEWATER TREATMENT	Г	5	3	30
OPERATOR		WASTEWATER TREATMENT	Г	А	-	16
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone 7	#:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner
I am currently no	ot operating any Facility		I pı	rovide contractua	l services t	o the Facility
Please provide t	he following information at	oout each Facility/Plant that you oper	ate. Use addtio	onal pages as nee	eded.	
Facility / Plant N	lame		Class F	PDWIS (Water)	NPDES (Wastewater)



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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 return	perator Certifcation Number: 3162			
	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) shown below will expire on: 3/1/20		
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50
			Failure to complete or sub requirements by the expirat result in an additional la described in Section		ration date will late fees as
	ATES TO RENEW:				aining Units
Certification T	ype Category		Class	Re	quired
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fac	ility owner
I am currently not	operating any Facility	I	provide contractual se	ervices to t	he Facility
Please provide th	e following information about each Facility/Plant that you operate	. Use addt	ional pages as needed	d.	
Facility / Plant Na	ame	Class	PDWIS (Water) NI	PDES (Wa	astewater)
					_



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This is page on	e of a two page form. Both pages must be completed and returned.	Operat	or Certifcatio	on Number:	3283
MEOLA	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification below will	n(s) shown l expire on:	3/1/2025
			The fee to re	enew these rtifications:	\$50
			equirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.
	ATES TO RENEW:				raining Units
Certification 7	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		2	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #	#:	
Number of Facili	ties (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner
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Facility / Plant N	ame Clas	ss PDW	VIS (Water)	NPDES (V	Wastewater)



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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 emial in lieu of mail



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

This is page on	e of a two page form. Both pages must	Operator Certification	perator Certifcation Number: 3365		
MILLER JR	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 3/1/2025		
	correct the City, state and ZIP Code. Ple	ZIP Code. Please print legibly.	The fee to rer cert	new these fications: \$50	
			requirements result in an	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
	CATES TO RENEW:			Training Units	
Certification ⁻	Type Category		Class	Required	
OPERATOR	WASTEWA	ATER COLLECTION	2	16	
II. CURRENT	EMPLOYMENT INFORMATION	N			
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operates		I am employee	d by the Facility owner	
I am currently no	ot operating any Facility		I provide contractual	services to the Facility	
Please provide t	he following information about each Faci	lity/Plant that you operate. Use a	ddtional pages as need	led.	
Facility / Plant N	lame	Class	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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 for	Operator Certification Number: 3384					
	Please enter you're current address on the lines below and, if necess	cessary,		Certification(s) shown below will expire on: 3/1/2025		
correct the City, sta	ate and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100			
			 requirements by result in an a 	plete or submit renewal v the expiration date will additional late fees as red in Section V.		
I. CERTIFICATES TO RE	NEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER TREATMENT		2	16		
SUPERINTENDENT	WATER TREATMENT		2	7		
II. CURRENT EMPLOYMEN	Γ INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that	you currently operate:		I am employed	by the Facility owner		
I am currently not operating any Faci	lity	Ιp	provide contractual se	rvices to the Facility		
Please provide the following informa	tion about each Facility/Plant that you oper	ate. Use addti	onal pages as needed	1.		
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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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- 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:

Last 4 digits of Social Security Number

Email Address

Date

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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	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		
cor	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			Failure to complete or submit re requirements by the expiration de result in an additional late fee described in Section V.		
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURREN	FEMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently n	ot operating any Facility	Ιp	I provide contractual services to the Facility		
Please provide i	he following information about each Facility/Plant that you operate. U	Jse addti	ional pages as needed.		
Facility / Plant N	Name (Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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 c	ompleted and returned.	Operator Certification Number: 3407			
	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		Certificatio below wil	n(s) shown l expire on: 3/1/2025		
(The fee to r ce	enew these \$100		
			requirement result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.		
I. CERTIFICA	ATES TO RENEW:			Training Units		
Certification Ty	pe Category		Class	Required		
OPERATOR	WASTEWATE	ER COLLECTION	2	16		
OPERATOR	WATER DIST	RIBUTION	1	16		
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone	#:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employ	red by the Facility owner		
I am currently not	operating any Facility		I provide contractua	Il services to the Facility		
Please provide the	following information about each Facility/	Plant that you operate. Use ad	ldtional pages as nee	eded.		
Facility / Plant Nat	ne	Class	PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- 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:

Last 4 digits of Social Security Number

Email Address

Date

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This is page or	e of a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 3527		
JOHNSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renev certifie	v these \$50 cations:	
			Failure to complete or submit representation of the expiration of		
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURREN	SEMPLOYMENT INFORMATION				
Employer's Nan	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently n	ot operating any Facility	I pi	I provide contractual services to the Facility		
Please provide i	he following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed		
Facility / Plant N	Vame Cl	lass F	PDWIS (Water) NP	DES (Wastewater)	



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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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	Please verify your	information shown on this application ar	nd make any c	orrections as need	led.
This is page on	e of a two page form. Bot	th pages must be completed and return	ned. Ope	erator Certification	Number: 3547
HIGHTMAN Please enter you're curren		nt address on the lines below and, if necessary,		Certification(s below will e	
	correct the City, state and	I ZIP Code. Please print legibly.		The fee to rend certif	ew these \$100 fications:
				requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	CATES TO RENEW	·-			Training Units
Certification ⁻	Туре	Category		Class	Required
TEMPORARY	ſ	WASTEWATER TREATMENT		4	24
TEMPORARY	1	WASTEWATER TREATMENT		А	24
TEMPORARY	ſ	WATER TREATMENT		4	45
SUPERINTE	NDENT	WATER TREATMENT		3	7
OPERATOR		WATER TREATMENT		3	30
TEMPORARY	Y	WASTEWATER TREATMENT		5	45
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	le:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility		I pro	ovide contractual s	ervices to the Facility
Please provide t	he following information a	bout each Facility/Plant that you operate	e. Use addtior	nal pages as neede	ed.
Facility / Plant N	Jame		Class PI	OWIS (Water) N	PDES (Wastewater)



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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:

Last 4 digits of Social Security Number

Email Address

Date

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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This is page one of a two page form. Both pages must be completed and returned.			I. Operator Certification Number: 3551			
	Please enter you're current address on the lines below and, if necessar		Certification(below will			
correct the City, state and	ZIP Code. Please print legibly.		The fee to rer cert	new these \$50		
			 Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. 			
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	Category		Class	Required		
SUPERINTENDENT	WASTEWATER TREATMENT		5	7		
SUPERINTENDENT	WASTEWATER TREATMENT		А	7		
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you cu	rrently operate:		I am employed	d by the Facility owner		
I am currently not operating any Facility		I pr	ovide contractual	services to the Facility		
Please provide the following information a	bout each Facility/Plant that you operate	e. Use addtio	nal pages as need	led.		
Facility / Plant Name		Class P	DWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page on	e of a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 3561			
SPEARS	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on		/1/2025	
correct the City, s	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these fications:	\$50	
			 Failure to complete or submit representation of the expiration of the e		ation date will late fees as	
	ATES TO RENEW:				ining Units	
Certification 7	ype Category		Class	Req	uired	
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Facil	ity owner	
I am currently no	t operating any Facility	I pr	I provide contractual services to the Facility			
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as neede	d.		
Facility / Plant N	ame C	Class P	DWIS (Water) N	PDES (Was	stewater)	



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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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Email Address

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This is page one of a two page form. Both pages must be completed and returned.			ned. Ope	Operator Certification Number: 3578			
	Please enter you're current address on the lines below and, if necessary		ssary,	Certification(s) below will ex			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certif	w these \$100		
				 Failure to complete or submit rene requirements by the expiration data result in an additional late fees a described in Section V. 			
I. CERTIFIC	CATES TO RENEW:				Training Units		
Certification	Туре	Category		Class	Required		
OPERATOR		WATER TREATMENT		2	16		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER COLLECTION		2	16		
II. CURRENT	FEMPLOYMENT INFO	ORMATION					
Employer's Nam	ne:			Phone #:			
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently no	ot operating any Facility		I pro	I provide contractual services to the Facility			
Please provide t	he following information ab	out each Facility/Plant that you operate	e. Use addtior	nal pages as needed	<i>d</i> .		
Facility / Plant N	Jame		Class PI	OWIS (Water) N	PDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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Last 4 digits of Social Security Number

Email Address

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This is page one	of a two page form. Both pag	ges must be completed and retu	rned. O	perator Certifcation N	umber: 3601
	Please enter you're current address on the lines below and, if necessary,	cessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
				requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype Cat	egory		Class	Required
OPERATOR	WA	TER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFORM	ATION			
Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you currentl	y operate:		I am employed by	the Facility owner
I am currently not	operating any Facility		Ιŗ	provide contractual ser-	vices to the Facility
Please provide the	e following information about e	each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant Na	ime		Class	s PDWIS (Water) NPDES (Wastewater)	



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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:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.			returned. O	d. Operator Certification Number: 3978			
MORELAND	Please enter you're current address on the lines below and, if necessar	f necessary,	Certification below wil	n(s) shown l expire on:	3/1/2025		
C	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
				requirements result in a	Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.		
I. CERTIFIC	ATES TO RENEW:	۱ ۲			т	raining Units	
Certification T	уре	Category		Class	R	equired	
OPERATOR		WASTEWATER COLLECT	ΓΙΟΝ	2	1	6	
OPERATOR		WATER DISTRIBUTION		1	1	6	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone #	#:		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employ	ed by the Fa	acility owner	
I am currently not	t operating any Facility		Ιŗ	provide contractua	l services to	the Facility	
Please provide th	e following information ab	pout each Facility/Plant that you o	pperate. Use addti	ional pages as nee	eded.		
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (V	Vastewater)	



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This is page one of a two page form. Both pages must be completed and returned.			d. Operator Certification Number: 4434			
	Please enter you're current address on the lines below and, if necessa	ssary,	Certification(s) below will ex			
correct the	e City, state and ZIP Code. Please print legibly.		The fee to renev certifi	w these \$50 cations:		
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I. CERTIFICATES T	TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		А	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
II. CURRENT EMPLO	YMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plan	ints) that you currently operate:		I am employed ł	by the Facility owner		
I am currently not operating	any Facility	I pr	ovide contractual se	rvices to the Facility		
Please provide the following	g information about each Facility/Plant that you operat	e. Use addtio	nal pages as needed	1.		
Facility / Plant Name		Class P	DWIS (Water) NF	PDES (Wastewater)		



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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- I 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:

Last 4 digits of Social Security Number

Email Address

Date

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 emial in lieu of mail



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

This is page or	ne of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	4548
OWENS	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	3/1/2025
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100	
		Failure to complete or s	submit renewal

– requirements by the expiration date will result in an additional late fees as described in Section V

	described in Section v.		
I. CERTIFICATES TO R	ENEW:		Training Units
Certification Type	Category	Class	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	А	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 employ	ved by the Facility owner
I am currently not operating any Facility	I provide contractual services to the Facility		
Please provide the following information about each Facility/Plant that you operate	e. Use add	ltional pages as neo	eded.
Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)



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

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

Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one of a two page form. Bot	h pages must be completed and return	ed. O	perator Certifcatio	on Numbe	er: 4594
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ssary,		Certification(s) shown below will expire on: 3/1/202	
correct the City, state and			The fee to re	\$100	
			requirements result in a	s by the e an additio	or submit renewal expiration date will onal late fees as Section V.
I. CERTIFICATES TO RENEW	<u>:</u>				Training Units
Certification Type	Category		Class		Required
OPERATOR	WATER TREATMENT		5AS		16
SUPERINTENDENT	WATER DISTRIBUTION		1		7
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Plants) that you cu	rrently operate:		I am employ	ed by the	Facility owner
I am currently not operating any Facility		I p	rovide contractua	l services	to the Facility
Please provide the following information a	bout each Facility/Plant that you operate	e. Use addti	onal pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES	(Wastewater)



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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This is page one of a two page form. Both pages must be completed and returned.			n Number:	4704
Please enter you're current address on the lines below and, if necessary	ssary,			3/1/2025
correct the City, state and ZIP Code. Please print legibly.				\$100
		- requirements result in a	by the expi n additiona	ration date will l late fees as
<u>.</u>			Tr	aining Units
Category		Class	Re	quired
WATER TREATMENT		4	7	
WATER TREATMENT		4	30	
ORMATION				
		Phone #	:	
rrently operate:		I am employe	d by the Fac	ility owner
	I p	rovide contractual	services to	the Facility
bout each Facility/Plant that you operate	e. Use addtie	onal pages as need	led.	
	Class 1	PDWIS (Water)	NPDES (W	astewater)
	t address on the lines below and, if neces ZIP Code. Please print legibly.	t address on the lines below and, if necessary, ZIP Code. Please print legibly.	t address on the lines below and, if necessary, ZIP Code. Please print legibly. Certification below will The fee to recer Failure to correquirements result in a description Failure to correquirements result in a description Category Class WATER TREATMENT 4 WATER TREATMENT 4 ORMATION Phone # rrently operate: I am employee I provide contractual bout each Facility/Plant that you operate. Use additional pages as need	Certification(s) shown below will expire on: The fee to renew these certifications: ZIP Code. Please print legibly. Failure to complete or so requirements by the expiresult in an additional described in Section (Section) Category Class WATER TREATMENT 4 7 WATER TREATMENT 4 30 ORMATION Phone #: 1 prently operate: I am employed by the Face provide contractual services to the section of the theorem (Section) 1 Actional pages as needed. 1



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:

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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 Certifcation Number: 4726			
WOOD	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 3/1/			
			The fee to renew certifica	\$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	ATES TO RENEW:			Training Units		
Certification T	ype Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently no	t operating any Facility	I pr	ovide contractual serv	vices to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.			
Facility / Plant Na	ame Cla	ass P	DWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned			ed and returned.	Operator Certifcat	ion Number:	Number: 4940	
CARROLL	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:		3/1/2025			
	correct the City, state and	d ZIP Code. Please print le	Code. Please print legibly.		renew these ertifications:	\$50	
				requiremen result in	ts by the exp	submit renewal piration date will al late fees as ection V.	
	<u>CATES TO RENEW</u>					raining Units	
Certification	Туре	Category		Class	R	equired	
OPERATOR		INDUSTRIAL WAST	EWATER	6	1	6	
II. CURREN	FEMPLOYMENT IN	FORMATION					
Employer's Nan	ne:			Phone	: #:		
Number of Faci	lities (or Plants) that you cr	arrently operate:		I am emplo	yed by the Fa	acility owner	
I am currently n	ot operating any Facility			I provide contractu	al services to	the Facility	
Please provide i	the following information a	bout each Facility/Plant th	nat you operate. Use ad	ddtional pages as ne	eded.		
Facility / Plant 1	Name		Class	PDWIS (Water)	NPDES (W	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

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This is page one of a two page form	. Both pages must be completed and retur	ned. Op	erator Certification	Number: 4947	
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) shown below will expire on: 3/1/2025		
correct the City, stat			The fee to rene certif	w these \$50 ications:	
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES TO REN	IEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURRENT EMPLOYMENT	INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that ye	ou currently operate:		I am employed	by the Facility owner	
I am currently not operating any Facili	ty	I pr	ovide contractual se	ervices to the Facility	
Please provide the following informat	ion about each Facility/Plant that you opera	te. Use addtio	onal pages as needed	<i>d.</i>	
Facility / Plant Name		Class P	DWIS (Water) N	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

Make checks payable to: 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: 4995			
	r you're current address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 3/1/2025			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50			
			requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
I. CERTIFICATES TO	O RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plant	ts) that you currently operate:		I am employed	d by the Facility owner		
I am currently not operating a	iny Facility	I p	rovide contractual	services to the Facility		
Please provide the following i	information about each Facility/Plant that you opera	te. Use addtie	onal pages as need	led.		
Facility / Plant Name		Class 1	PDWIS (Water)	NPDES (Wastewater)		



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page or	e of a two page form. Both pages must be completed and r	eturned. Oj	perator Certifcation	Number: 5160	
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(below will o		
			The fee to ren certi	these \$50	
			 requirements l result in an 	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		5AS	16	
OPERATOR	WATER TREATMENT		2	16	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ie:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed	l by the Facility owner	
I am currently ne	ot operating any Facility	I p	rovide contractual	services to the Facility	
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Facility / Plant N	Name	Class]	PDWIS (Water)	NPDES (Wastewater)	



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	5935
CONNELL Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on:	3/1/2025
	The fee to renew these certifications:	\$100	

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

	uescribe	eu III Section V.	
I. CERTIFICATES TO RE	<u>ENEW:</u>		Training Units
Certification Type	Category	Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
OPERATOR	WATER TREATMENT	4	30
SUPERINTENDENT	WASTEWATER TREATMENT	А	7
SUPERINTENDENT	WASTEWATER TREATMENT	4	7
SUPERINTENDENT	WATER TREATMENT	4	7
OPERATOR	WASTEWATER TREATMENT	А	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	Ι	provide contractual services to the Facility	
Please provide the following information about each Facility/Plant that you operate.	Use add	ltional pages as needed.	
Facility / Plant Name	Class	PDWIS (Water) NPDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on: 3/1/2025		
correct the City, state and	ZIP Code. Please print legibly.		The fee to represent	new these \$5 0 tifications:	0	
			requirements result in a	mplete or subn by the expirati n additional lat ribed in Section	on date will e fees as	
I. CERTIFICATES TO RENEW:				Train	ing Units	
Certification Type	Category		Class	Requi	red	
OPERATOR	WASTEWATER TREATMENT		А	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or Plants) that you cur	rently operate:		I am employe	d by the Facility	/ owner	
I am currently not operating any Facility		I pr	ovide contractual	services to the]	Facility	
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Facility / Plant Name		Class P	DWIS (Water)	NPDES (Waste	water)	



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	Please enter you're current address on the lines below and, if necessary,		Certification(below will e	<pre></pre>
correct the City, state and	ZIP Code. Please print legibly.		The fee to ren certi	fications: \$50
			 requirements h result in an 	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
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Certification Type	Category		Class	Required
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OPERATOR	WASTEWATER TREATMENT		А	16
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Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you cu	rrently operate:		I am employed	l by the Facility owner
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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Number: 7073		
	Please enter you're current address on the lines below and, if necessary,	(Certification below will	n(s) shown l expire on:	3/1/2025	
	correct the City, state and ZIP Code. Please print legibly.]	The fee to re cei	enew these rtifications:	\$50	
			Failure to complete or submit r requirements by the expiration result in an additional late fe described in Section V.		oiration date will al late fees as	
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	R	equired	
OPERATOR	WATER TREATMENT		2	1	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #	#:		
Number of Facilit	ies (or Plants) that you currently operate:	Ι	am employ	ed by the Fa	acility owner	
I am currently not	operating any Facility	I provide	e contractua	l services to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Use	addtional p	ages as nee	eded.		
Facility / Plant Na	Clas	ss PDWI	S (Water)	NPDES (W	Vastewater)	



III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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.
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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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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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 emial in lieu of mail



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This is page one of a two page f	. Operator Certification Number	er: 7455		
	n're current address on the lines below and, if necessar	ry, Certification(s) show	3/1//11/5	
correct the City,	, state and ZIP Code. Please print legibly.	The fee to renew thes certification	<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	
		Failure to complete of requirements by the e		
		result in an addition described in	onal late fees as	
I. CERTIFICATES TO R	ENEW:	uescribeu in	Training Units	
Certification Type	Category	Class	Required	
SUPERINTENDENT	WATER TREATMENT	5AS	7	
SUPERINTENDENT	WATER TREATMENT	2	7	
OPERATOR	WATER TREATMENT	5AS	16	
OPERATOR	WATER TREATMENT	2	16	
II. CURRENT EMPLOYME	INT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants) th	at you currently operate:	I am employed by the	Facility owner	
I am currently not operating any F	acility	I provide contractual services	to the Facility	
Please provide the following infor	rmation about each Facility/Plant that you operate. U	Use addtional pages as needed.		
Facility / Plant Name	(Class PDWIS (Water) NPDES	(Wastewater)	



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:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	7476
ELDER	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	3/1/2025
correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications:	\$100
		Failure to complete or requirements by the exp result in an addition described in Se	oiration date will al late fees as
I. CERTIFICATES TO RENEW:		т	raining Units
Certification T	ype Category		equired
OPERATOR	WATER TREATMENT	1 1	6

		I	10	
OPERATOR	WASTEWATER TREATMENT	5	30	
OPERATOR	WASTEWATER TREATMENT	А	16	
SUPERINTENDENT	WATER TREATMENT	1	7	
SUPERINTENDENT	WASTEWATER TREATMENT	5	7	
SUPERINTENDENT	WASTEWATER TREATMENT	А	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 y	you operate. Use addtional pages as needed.
Facility / Plant Name	Class PDWIS (Water) NPDES (Wastewater)
	_



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 7		
WALLS	Please enter you're current address on the lines below and, if necessary	у,	Certification(below will e		3/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	new these ifications:	\$50	
			requirements l result in an	by the exp	submit renewal viration date will al late fees as ction V.	
	ATES TO RENEW:				raining Units	
Certification T	ype Category		Class	R	equired	
OPERATOR	WASTEWATER TREATMENT		5	3	0	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	1 by the Fa	acility owner	
I am currently not	operating any Facility	I pr	ovide contractual	services to	the Facility	
Please provide th	e following information about each Facility/Plant that you operate. U	se addtio	nal pages as need	ed.		
Facility / Plant Na	ame C	Class P	DWIS (Water) N	VPDES (V	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	This is page one of a two page form. Both pages must be completed and returned			I. Operator Certification Number: 7810			
GUSCHKE	2	t address on the lines below and, if nec	essary,	Certification below will	n(s) shown l expire on		
	correct the City, state and	y, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$50	
				- requirements result in a	s by the ex	submit renewal piration date will nal late fees as ection V.	
I. CERTIFIC	CATES TO RENEW:	• •			٦	Fraining Units	
Certification ⁻	Туре	Category		Class	F	Required	
OPERATOR		WASTEWATER TREATMENT		5	3	30	
OPERATOR		WASTEWATER TREATMENT		А	-	16	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Nam	le:			Phone #	#:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently no	ot operating any Facility		I pi	ovide contractua	l services t	o the Facility	
Please provide t	he following information at	pout each Facility/Plant that you opera	te. Use addtic	onal pages as nee	eded.		
Facility / Plant N	Jame		Class F	DWIS (Water)	NPDES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned			I. Operator Certification Number: 8057			
	re current address on the lines below and, if ne	cessary,		Certification(s) shown below will expire on: 3/1/2025		
correct the City,	state and ZIP Code. Please print legibly.	nd ZIP Code. Please print legibly. The f		The fee to renew these certifications: \$50		
			requirements result in a	s by the e	r submit renewal xpiration date will onal late fees as Section V.	
I. CERTIFICATES TO R	ENEW:				Training Units	
Certification Type	Category		Class		Required	
OPERATOR	WASTEWATER TREATMEN	Т	5		30	
OPERATOR	WASTEWATER TREATMEN	Т	А		16	
II. CURRENT EMPLOYME	NT INFORMATION					
Employer's Name:			Phone	#:		
Number of Facilities (or Plants) that	at you currently operate:		I am employ	red by the	Facility owner	
I am currently not operating any Fa	acility	Ιp	provide contractua	l services	to the Facility	
Please provide the following inform	mation about each Facility/Plant that you oper	ate. Use addti	onal pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES	(Wastewater)	



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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This is page one of a two page form. Both pages must be completed and returned			d. Operator Certification Number: 8084			
	ease enter you're current address on the lines below and, if	necessary,		Certification(s) shown below will expire on: 3/1/2025		
correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50				
			 requirements result in a 			
I. CERTIFICA	TES TO RENEW:			Tra	aining Units	
Certification Typ	e Category		Class	Re	quired	
TEMPORARY	WASTEWATER TREATME	NT	5	45		
TEMPORARY	WASTEWATER TREATME	NT	А	24		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities	s (or Plants) that you currently operate:		I am employ	ed by the Fac	ility owner	
I am currently not op	perating any Facility	Ιp	orovide contractua	l services to t	the Facility	
Please provide the f	ollowing information about each Facility/Plant that you op	erate. Use addti	onal pages as nee	eded.		
Facility / Plant Nam	e	Class	PDWIS (Water)	NPDES (Wa	astewater)	



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page of	This is page one of a two page form. Both pages must be completed and returned			I. Operator Certification Number: 8780			
RORIE	Please enter you're current address on the lines below and, if necessa			Certification(s) shown below will expire on: 3/1/2025			
	correct the City, state and ZIP Code. Please prin	t the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100			
			requirements by the result in an addit		e or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFI	CATES TO RENEW:			т	raining Units		
Certification	Type Category		Class		equired		
OPERATOR	WATER DISTRI	BUTION	1	1	6		
OPERATOR	WASTEWATER	COLLECTION	2	1	6		
II. CURREN	T EMPLOYMENT INFORMATION						
Employer's Nar	ne:		Phone	#:			
Number of Faci	lities (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner		
I am currently r	not operating any Facility		I provide contractua	al services to	the Facility		
Please provide	the following information about each Facility/Pla	nt that you operate. Use ad	dtional pages as nee	eded.			
Facility / Plant	Name	Class	PDWIS (Water)	NPDES (V	Vastewater)		



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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 returne			d. Operator Certification Number: 8904			
	ou're current address on the lines below and, if no	ecessary,	Certification(s below will e			
correct the Cit	ty, state and ZIP Code. Please print legibly.	and ZIP Code. Please print legibly.		ew these \$50 fications:		
			Failure to complete or sub requirements by the expira result in an additional la described in Sectio			
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMEN	IT	5	30		
OPERATOR	WASTEWATER TREATMEN	IT	А	16		
II. CURRENT EMPLOYM	IENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants)	that you currently operate:		I am employed	by the Facility owner		
I am currently not operating any	v Facility	Ιp	provide contractual s	ervices to the Facility		
Please provide the following inf	formation about each Facility/Plant that you ope	rate. Use addti	onal pages as neede	ed.		
Facility / Plant Name		Class	PDWIS (Water) N	IPDES (Wastewater)		



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• •	e of a two page form. Both pages must be completed and returned	I. Oj	perator Certifcation	8922		
HEPBURN	Please enter you're current address on the lines below and, if necessary,		Certification(s below will e		3/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
			Failure to complete or su requirements by the expin result in an additional described in Sect		oiration date will al late fees as	
	CATES TO RENEW:				raining Units	
Certification	Type Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
II. CURRENT	CEMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Fa	acility owner	
I am currently no	ot operating any Facility	I p	rovide contractual s	services to	the Facility	
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Facility / Plant N	lame	Class]	PDWIS (Water) N	NPDES (V	Vastewater)	



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	Please enter you're current address on the lines below and, if necessa		Certification below will			
correct the City, state and	ZIP Code. Please print legibly.	Code. Please print legibly.		new these \$50		
			- requirements result in ar	mplete or submit renewal by the expiration date will 1 additional late fees as ibed in Section V.		
I. CERTIFICATES TO RENEW:	-			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #:	:		
Number of Facilities (or Plants) that you cur	rently operate:		I am employe	d by the Facility owner		
I am currently not operating any Facility		I p	rovide contractual	services to the Facility		
Please provide the following information al	out each Facility/Plant that you operate	e. Use addtio	onal pages as need	led.		
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (Wastewater)		



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	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi		
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		requirements b result in an		nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	t operating any Facility	I pr	ovide contractual serv	vices to the Facility	
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Facility / Plant Na	ame	Class P	DWIS (Water) NPD	DES (Wastewater)	



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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This is page one of a two page form. Both pages must be completed and returne			d. Operator Certification Number: 9835			
	ent address on the lines below and, if nec	essary,	Certification below wil			
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications: \$50					
			 requirements result in a 	s by the ex an additio	r submit renewal xpiration date will nal late fees as Section V.	
I. CERTIFICATES TO RENEV	<u>V:</u>				Training Units	
Certification Type	Category		Class		Required	
TEMPORARY	WASTEWATER TREATMENT		5		45	
TEMPORARY	WASTEWATER TREATMENT		А		24	
II. CURRENT EMPLOYMENT IN	FORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plants) that you of	currently operate:		I am employ	red by the	Facility owner	
I am currently not operating any Facility		I p	orovide contractua	l services	to the Facility	
Please provide the following information	about each Facility/Plant that you opera	te. Use addti	onal pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES ((Wastewater)	



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.
- 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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This is page on	e of a two page form. Bo	th pages must be completed and re	turned. O	perator Certifcation	Number: 9	9872
KEEPERS	2	nt address on the lines below and, if r	necessary,	Certification(below will e		3/1/2025
	correct the City, state and	d ZIP Code. Please print legibly.		The fee to ren certi	lew these fications:	\$100
				Failure to con requirements t result in an descri	by the expir	ation date will late fees as
I. CERTIFIC	CATES TO RENEW	7			Tra	ining Units
Certification ⁻	Туре	Category		Class	Red	quired
OPERATOR		WATER DISTRIBUTION		1	16	
OPERATOR		WATER TREATMENT		4	30	
SUPERINTE	NDENT	WATER TREATMENT		4	7	
II. CURRENT	FEMPLOYMENT INI	FORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cu	irrently operate:		I am employed	l by the Faci	lity owner
I am currently no	ot operating any Facility		I p	rovide contractual s	services to the	ne Facility
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Facility / Plant N	Vame		Class	PDWIS (Water) N	NPDES (Wa	stewater)



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BERRY	2	ress on the lines below and, if nec	essary,	Certification(s) sho below will expire		3/1/2025
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				Failure to complete or subr requirements by the expirat result in an additional la described in Section		oiration date will al late fees as
	ATES TO RENEW:					raining Units
Certification T	ype Cat	egory		Class	R	equired
OPERATOR	WA	STEWATER TREATMENT	-	5	3	0
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