

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.

• • •	one of a two page form. Both pages must be completed and return	ea. Ope	erator Certification IN	umber: <b>0100</b>
MORRIS	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	3/1//11/6
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently i	not operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate.	. Use addtio	nal pages as needed.	
Facility / Plant	Name	Class P	DWIS (Water) NP	DES (Wastewater)
-				
				_
	(OVER)			
(Initial H	lere) I hereby affirm I have completed the mandatory Cybersecuri completion with this renewal.	ty training ar	nd have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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

Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

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Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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SUPERINTENI	DENT WASTEWATER TREATME	ENT	5	7
SUPERINTENI	DENT WASTEWATER TREATME	ENT	А	7
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	(OVE)	2)		
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FRIEL, IIII	Please enter you're current address on the lines below and, if necessary,		<b>,</b>	Certification(s below will e		3/1/2026
	correct the City, state and ZIP Cod	le. Please print legibly.		The fee to ren certi	ew these fications:	\$50
				requirements bresult in an	y the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFI	CATES TO RENEW:				T	raining Units
Certification	Type Categ	ory		Class		equired
OPERATOR	INDUS	STRIAL WASTEWATER		3	16	3
II. CURREN	T EMPLOYMENT INFORMA	TION				
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Facility / Plant	Name	C	lass P	DWIS (Water) N	VPDES (W	/astewater)
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CORSELIUS	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
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	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
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Operator in Responsible Charg	ge:	

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page one of a two page form. Both pages must be completed and return			d. Operator Certification Number: <b>0430</b>			
STROCK	Please enter you're current address on the lines below and, if necessary	Certification(s) shown below will expire on: 3/1/202		3/1/2026		
	correct the City, state and ZIP Code. Please print legibly.		The fee to recent	new these tifications:	\$100	
			requirements result in a	by the exp	submit renewal iration date will al late fees as ction V.	
I. CERTIFIC	CATES TO RENEW:			Т	raining Units	
Certification <sup>7</sup>	Type Category		Class	R	equired	
OPERATOR	WASTEWATER TREATMENT		5	3	0	
OPERATOR	WASTEWATER TREATMENT		А	1	6	
OPERATOR	WATER TREATMENT		2	1	6	
II. CURRENT	FEMPLOYMENT INFORMATION					
Employer's Nam	ie:		Phone #	:		
Number of Facil	ities (or Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently no	ot operating any Facility	I p	rovide contractual	services to	the Facility	
Please provide t	he following information about each Facility/Plant that you operate.	Use addtio	onal pages as need	ded.		
Facility / Plant N	Jame	Class I	PDWIS (Water)	NPDES (V	Vastewater)	
	(OVER)					
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	y training a	and have included	the certific	ate of	



#### **III. CONTINUING EDUCATION:**

Page 2

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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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This is page on	ne of a two page form. Both pages must be completed and returned	i. Op	erator Certification Nu	ımber: <b>0619</b>
RAWLINGS	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 3/1/2020	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	£100
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURREN	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide t	the following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	
Facility / Plant N	Name	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	training a	nd have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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I his is page one of a two page form. Both pages must be completed and returne			perator Certification N	umber: <b>0752</b>
PERSON	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	v these cations: \$50
			<ul> <li>requirements by result in an a</li> </ul>	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently no	ot operating any Facility	Ιp	provide contractual ser	rvices to the Facility
Please provide th	he following information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed	
Facility / Plant N	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	curity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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MATTHEWS	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	620
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	Гуре Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	o:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Please provide th	he following information about each Facility/Plant that yo	ou operate. Use addti	onal pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER	)		
(Initial Here	e) I hereby affirm I have completed the mandatory C completion with this renewal.	ybersecurity training	and have included the	certificate of



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MCGUIRE	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	4.51
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility	Ιı	provide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you of	perate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
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ECKARD	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
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			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	1	2	16
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	Ij	provide contractual serv	vices to the Facility
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	(OVER)			
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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page one o	f a two page form. Both pages must be completed and returned.	Оре	erator Certification Nu	mber: <b>10686</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expir	
co	orrect the City, state and ZIP Code. Please print legibly.		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 l in Section V.
	TES TO RENEW:			<b>Training Units</b>
Certification Typ	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	I pro	ovide contractual serv	ices to the Facility
Please provide the j	following information about each Facility/Plant that you operate. Use	e addtioi	nal pages as needed.	
Facility / Plant Nam	ne Cla	ass Pl	DWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity tra- completion with this renewal.	aining ar	nd have included the c	ertificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			perator Certification N	umber: 10/68
MCCLOSKEY	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	v these sations: \$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 7	Type Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facility	Ιp	provide contractual ser	vices to the Facility
Please provide th	he following information about each Facility/Plant that you opera	ite. Use addti	ional pages as needed.	
Facility / Plant N	Jame	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersect completion with this renewal.	ırity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

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• 69	of a two page form. Both pages must be completed and returned.	rator Certification N	umber: <b>10785</b>			
	Please enter you're current address on the lines below and, if necessary	y,	Certification(s) s below will exp		2026	
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$ 100		
			requirements by result in an ac	lete or submit renewa the expiration date wi dditional late fees as ed in Section V.		
I. CERTIFICA	ATES TO RENEW:			<b>Training Units</b>	5	
Certification Ty	ype Category		Class	Required		
SUPERINTENDE	ENT WATER DISTRIBUTION		1	7		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
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 pro	vide contractual ser	vices to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtion	al pages as needed.			
Facility / Plant Na	me C	Class PD	WIS (Water) NP	DES (Wastewater)		
					_	
					_	
					_	
	(OVER)					
(Initial Here)		raining and	d have included the	certificate of		



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• • • •	one of a two page form. Both pages must be completed and re	eturnea. O	perator Certification N	umber: 10807
JACKSON	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	620
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility	Ιp	orovide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NP	DES (Wastewater)
				_
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	security training	and have included the	certificate of



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Page 2

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	N Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
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Certification T	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
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Facility / Plant Na	ame	Class 1	PDWIS (Water) NF	PDES (Wastewater)
	(OVER)			
(Initial Here	e) I hereby affirm I have completed the mandatory Cybersecuri completion with this renewal.	ty training a	and have included the	certificate of



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WEHAUSEN	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
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			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW:		described	Training Units
Certification <sup>7</sup>	Type Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (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
Please provide t	the following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial Her		rsecurity training	and have included the c	ertificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page one	e of a two page form. Both pages must be completed and re	turned.	Operator Certification Numb	per: 10927
HILL	Please enter you're current address on the lines below and, if necessary,		Certification(s) show below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	450
			Failure to complete requirements by the result in an addit described in	expiration date will ional late fees as
	CATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		5DE	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	»:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by th	e Facility owner
I am currently not	t operating any Facility		I provide contractual service	es to the Facility
Please provide th	e following information about each Facility/Plant that you op	erate. Use ado	dtional pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NPDES	S (Wastewater)
	(OVER)			
(Initial Here	e) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	security training	ng and have included the cer	tificate of



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Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page of	ne of a two page form. Both pages must be completed and returne	e <b>d.</b> Ope	erator Certification N	umber: 11288
NDAMO	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	450
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently r	not operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant	Name	Class PI	OWIS (Water) NP	DES (Wastewater)
	(OVER)			
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#### **III. CONTINUING EDUCATION:**

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Operator in Responsible Charg	ge:	

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

This is page o	ne of a two page form. Both p	ages must be completed and retur	ned. O	perator Certifcation Nu	mber: <b>11296</b>
POLLARD	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sh below will expin	
	correct the City, state and ZII	P Code. Please print legibly.		The fee to renew t	\$ 100
				<ul> <li>requirements by the result in an add</li> </ul>	te or submit renewal ne expiration date will litional late fees as in Section V.
	CATES TO RENEW:				<b>Training Units</b>
Certification	Type C	ategory		Class	Required
TEMPORARY	W	ASTEWATER COLLECTION		2	24
TEMPORARY	W	ATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INFOR	RMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you currer	atly operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	<del></del>	Ιp	provide contractual servi	ces to the Facility
Please provide	the following information abou	t each Facility/Plant that you opera	e. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
					_
		(OVER)			
(Initial H	ere) — I hereby affirm I have	completed the mandatory Cybersecu	rity training	and have included the c	ertificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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Last 4 digits of Social Security Number	Email Address		
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This is page or	ne of a two page form. Both pages must be completed	Operator Certification N	lumber: 11367		
SMITH JR.	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 3/1/20		
	correct the City, state and ZIP Code. Please print legi	bly.	The fee to renev	w these cations: \$100	
			— requirements by result in an a	plete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
TEMPORARY	WASTEWATER TREATM	MENT	5	45	
TEMPORARY	WASTEWATER TREATM	1ENT	Α	24	
II. CURREN	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Facil	lities (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	the following information about each Facility/Plant tha	t you operate. Use add	ltional pages as needed	<i>!</i> .	
Facility / Plant N	Name	Class	PDWIS (Water) NF	DES (Wastewater)	
	(01)	ED)			
	(OV	,			
(Initial He	re) I hereby affirm I have completed the mandatory completion with this renewal.	y Cybersecurity trainin	g and have included the	certificate of	



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one	of a two page form. Both pages must be completed and re	eturned.	Operator Certification Numb	er: 11396
	Please enter you're current address on the lines below and, if necessary		Certification(s) show below will expire of	3/1//11/6
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	4 - 11
			Failure to complete	
			<ul> <li>requirements by the cresult in an additi</li> <li>described in</li> </ul>	onal late fees as
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
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Facility / Plant Nar	me	Class	PDWIS (Water) NPDES	(Wastewater)
				_
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page o	one of a two page form. Both pages must be completed and re	turned. C	perator Certification Nu	mber: <b>11607</b>
NICKENS	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 t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	Ij	provide contractual serv	ices to the Facility
Please provide	the following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial H	ere) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	ecurity training	and have included the o	ertificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address		
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This is page or	ne of a two page form. Both pages must be completed and	returned. O	perator Certifcation Nu	ımber: <b>11664</b>
RICHARDS	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 - 11
				ete or submit renewal the expiration date will
			result in an ad	ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:		described	Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide	the 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)
	(OVER)			
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybe completion with this renewal.	ersecurity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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This is page or	ne of a two page form. Both pages must be completed and ret	urned. (	Operator Certifcation Num	ber: <b>12022</b>
BRIDDELL	Please enter you're current address on the lines below and, if necessary,		Certification(s) sho below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	450
			— requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by the	ne Facility owner
I am currently n	ot operating any Facility	I	provide contractual service	es to the Facility
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Facility / Plant 1	Name	Class	PDWIS (Water) NPDE	S (Wastewater)
	(OVER)			
(Initial He	I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training	g and have included the cer	rtificate of



#### **III. CONTINUING EDUCATION:**

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This is page of	ne of a two page form. Both pages must be completed and ret	urned. O	perator Certification Nu	mber: <b>12055</b>
MADDOX	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
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	Ιŗ	provide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberso completion with this renewal.	ecurity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

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This is page one	e of a two page form. Both pages must be con	ipleted and returned.	Operator Certification	Number: <b>12318</b>	
DORSEY	Please enter you're current address on the lines below and, if necessary,		Certification( below will e		
	correct the City, state and ZIP Code. Please pr	nt legibly.	The fee to ren	new these fifications: \$50	
			requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
	CATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
TEMPORARY	WASTEWATER C	OLLECTION	2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed	d by the Facility owner	
I am currently no	t operating any Facility	• • •	provide contractual services to the Facility		
Please provide th	ne following information about each Facility/Pl	ant that you operate. Use add	dtional pages as need	ed.	
Facility / Plant N	ame	Class	PDWIS (Water)	NPDES (Wastewater)	
		(0.1.177)			
		(OVER)			
(Initial Hero	e) I hereby affirm I have completed the macompletion with this renewal.	ndatory Cybersecurity trainin	ng and have included t	the certificate of	



#### **III. CONTINUING EDUCATION:**

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

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SCHUYLER	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
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			equirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
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	(OVER)			
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completion with this renewal.



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Operator in Responsible Charg	ge:	

## 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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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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

This is page of	one of a two page form. Both	n pages must be completed and retur	ned. O	perator Certification Nur	nber: <b>12727</b>
LEISTER	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sh below will expir	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew t certificat	\$ 100
				<ul> <li>requirements by the result in an add</li> </ul>	te or submit renewal ne expiration date will litional late fees as in Section V.
	ICATES TO RENEW:				<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORARY	<i>(</i>	WASTEWATER COLLECTION		2	24
TEMPORARY	1	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT INFO	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιŗ	provide contractual servi	ces to the Facility
Please provide	the following information ab	— out each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial H	lere) — I hereby affirm I hav	ve completed the mandatory Cybersecu	rity training	and have included the c	ertificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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This is page o	one of a two page form. Both pages must be completed and re	turned. (	Operator Certification Nu	mber: <b>12743</b>
DUTROW	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		5DE	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Please provide	the following information about each Facility/Plant that you ope	erate. Use addi	tional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OLER)			
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(Initial H	ere) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	ecurity training	g and have included the c	ertificate of



#### **III. CONTINUING EDUCATION:**

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	Please enter you're current address on the lines below and, if nece		ertification(s) sho	
C	correct the City, state and ZIP Code. Please print legibly.	Th	e fee to renew th certificati	1511
		requ	iirements by the esult in an add	te or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:	I ar	n employed by t	the Facility owner
I am currently not	operating any Facility	I provide c	ontractual servi	ces to the Facility
Please provide the	following information about each Facility/Plant that you opera	te. Use addtional pag	ges as needed.	
Facility / Plant Nar	me	Class PDWIS	(Water) NPDI	ES (Wastewater)
	(OVER)			
(Imid: -1 II )		mitry two in in = = = 1 1	منابطة العاملية	outificate of
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecu completion with this renewal.	rity training and nave	; included the ce	eruncate of



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ne of a two page form. Bo	th pages must be completed and r	eturned.	Operator Certifcation Nun	nber: <b>12756</b>
Please enter you're current address on the lines below and, if necessary,		f necessary,	Certification(s) she below will expire	3/1//11/6
correct the City, state and	d ZIP Code. Please print legibly.		The fee to renew the certificate	\$ 100
				te or submit renewal
			result in an add	itional late fees as
CATES TO RENEW	7 <u>•</u>		— described	
	 Category		Class	Training Units Required
	WASTEWATER COLLECTION	١	2	24
	WATER DISTRIBUTION		1	24
T EMPLOYMENT INI	FORMATION			
ne:			Phone #:	
lities (or Plants) that you cu	arrently operate:		I am employed by t	the Facility owner
ot operating any Facility	$\neg$	I	provide contractual servi	ces to the Facility
the following information a	bout each Facility/Plant that you o	perate. Use addi	tional pages as needed.	_
Name		Class	PDWIS (Water) NPDI	ES (Wastewater)
	(OVED)			
	, ,			
	Please enter you're current correct the City, state and CATES TO RENEW Type  T EMPLOYMENT INITIAL  The ine:  Ities (or Plants) that you cut of operating any Facility the following information at Name	Please enter you're current address on the lines below and, it correct the City, state and ZIP Code. Please print legibly.  CATES TO RENEW: Type Category  WASTEWATER COLLECTION  WATER DISTRIBUTION  TEMPLOYMENT INFORMATION  ne:  lities (or Plants) that you currently operate:  not operating any Facility   the following information about each Facility/Plant that you of Name  (OVER)	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.  CATES TO RENEW: Type Category  WASTEWATER COLLECTION  WATER DISTRIBUTION  T EMPLOYMENT INFORMATION  ne: lities (or Plants) that you currently operate: lot operating any Facility  I the following information about each Facility/Plant that you operate. Use add. Name Class  (OVER)	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.  The fee to renew the certification of the

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,	one of a two page form. Both pages must be completed and returned	<b>1.</b> Op	erator Certification N	amber: 12/58
HOLLEY	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	3/1//11/6
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
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This is page one of a two page form. Both pages must be completed and return			perator Certification Ni	imber: 12/84
KINSEY JR	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently n	not operating any Facility	Ιp	provide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you o	perate. Use addti	onal pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybe completion with this renewal.	rsecurity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page of	ne of a two page form. Both pages must be completed and returne	ed. Operat	or Certification N	umber: 12811
PICKERAL	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	v these cations: \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently n	not operating any Facility	I provid	de contractual sei	rvices to the Facility
Please provide	the following information about each Facility/Plant that you operate.	Use addtional	pages as needed	
Facility / Plant	Name	Class PDW	VIS (Water) NP	DES (Wastewater)
	(OVER)			
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecurit completion with this renewal.	ty training and l	nave included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page o	one of a two page form. Both pages must be completed and ref	turned. O	perator Certification Nu	ımber: 12812
WATSON	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	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	Ιį	provide contractual serv	vices to the Facility
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Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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I his is page one of a two page form. Both pages must be completed and returned.			perator Certification N	umber: 12813
HENRY	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	620
			<ul> <li>requirements by result in an ac</li> </ul>	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Гуре Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		5	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facility	Ιp	provide contractual ser	vices to the Facility
Please provide th	he following information about each Facility/Plant that you opera	ate. Use addti	ional pages as needed.	
Facility / Plant N	lame	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersec completion with this renewal.	urity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charg	ge:	

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Last 4 digits of Social Security Number	Email Address		
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Please verify your information shown on this application and make any corrections as needed.

This is page on	ie of a two page form. Both pa	ages must be completed and retur	ned. O	perator Certification Nur	mber: 12814
HARRISON	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sh below will expin	
	correct the City, state and ZIF	Code. Please print legibly.		The fee to renew t	\$100
				<ul> <li>requirements by the result in an add</li> </ul>	te or submit renewal ne expiration date will litional late fees as in Section V.
	CATES TO RENEW:				<b>Training Units</b>
Certification	Type Ca	ategory		Class	Required
TEMPORARY	W	ASTEWATER COLLECTION		2	24
TEMPORARY	W	ATER DISTRIBUTION		1	24
II. CURRENT	TEMPLOYMENT INFOR	RMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you curren	tly operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	<u> </u>	ΙĮ	provide contractual servi	ices to the Facility
Please provide t	the following information about	each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial He	re) — I hereby affirm I have o	completed the mandatory Cybersecu	rity training	and have included the c	ertificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page of	one of a two page form. Both pages must be completed and i	perator Certification Nu	ımber: <b>12817</b>	
TAYLOR	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	Ij	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	I hereby affirm I have completed the mandatory Cybe completion with this renewal.	rsecurity training	and have included the	certificate of



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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page of	one of a two page for	rm. Both pages must be completed and return	ned. C	perator Certifcation Nu	mber: 12818
SEARS	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sl below will expi	
	correct the City, s	tate and ZIP Code. Please print legibly.		The fee to renew certifica	4 5 11
					ete or submit renewal
				result in an ad	he expiration date will ditional late fees as l in Section V.
I. CERTIF	ICATES TO RE	ENEW:			Training Units
Certification	туре	Category		Class	Required
TEMPORARY	,	WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMEN	NT INFORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that	t you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Fac	cility	Ij	provide contractual serv	ices to the Facility
Please provide	the following inform	aation about each Facility/Plant that you operat	e. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			
(Initial H	· ·	irm I have completed the mandatory Cybersecus with this renewal.	rity training	and have included the o	ertificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- 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 Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page or	ne of a two page form. Both pages must be completed and	l returned.	Operator Certifcation Nu	mber: 12822
MORROW	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATE	R	2	0
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	I	provide contractual serv	ices to the Facility
Please provide	the following information about each Facility/Plant that you	operate. Use addi	tional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
				_
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyb completion with this renewal.	persecurity training	g and have included the c	ertificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, 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 o	one of a two page form. Both pages must be completed and retu	rned. Op	erator Certifcation Nu	ımber: 12839
PIERCE	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$ 100
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Naı	me:		Phone #:	
Number of Fac	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently i	not operating any Facility	I pı	rovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate	ate. Use addtio	onal pages as needed.	
Facility / Plant	Name	Class P	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersec	urity training a	and have included the	certificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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This is page on	ne of a two page form. Both pages must be completed and returned	<b>1.</b> Ope	rator Certification N	umber: <b>12840</b>
HENDRICK	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	4.511
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	I pro	vide contractual ser	vices to the Facility
Please provide t	the following information about each Facility/Plant that you operate.	Use addtion	al pages as needed.	
Facility / Plant N	Name	Class PI	OWIS (Water) NP	DES (Wastewater)
	(OVED)			
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	training an	d have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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This is page o	ne of a two page f	form. Both pages must be completed and returned.	Ope	rator Certifcation	n Number:	12841
WALTON	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,	correct the City, state and ZIP Code. Please print legibly.			new these tifications:	\$100
				requirements result in an	by the exp	submit renewal piration date will al late fees as ection V.
<u>I. CERTIFI</u>	CATES TO R	RENEW:			Т	raining Units
Certification	Type	Category		Class		equired
TEMPORARY		WATER TREATMENT		3	4	5
TEMPORARY		WATER TREATMENT		5AS	2	4
TEMPORARY		WASTEWATER TREATMENT		5	4	5
TEMPORARY		WASTEWATER TREATMENT		6	2	4
TEMPORARY		WASTEWATER TREATMENT		Α	2	4
II. CURREN	T EMPLOYME	ENT INFORMATION				
Employer's Nar	ne:			Phone #	:	
Number of Faci	ilities (or Plants) th	nat you currently operate:		I am employe	ed by the Fa	acility owner
I am currently r	not operating any F	acility	I pro	vide contractual	services to	the Facility
Please provide	the following infor	mation about each Facility/Plant that you operate. Us	se addtion	al pages as neec	ded.	
Facility / Plant	Name	C	lass PE	OWIS (Water)	NPDES (V	Vastewater)
		(OVER)				
(Initial He	ere) I hereby a	ffirm I have completed the mandatory Cybersecurity to	raining an	d have included	the certific	eate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			perator Certification N	umber: 12842
NEWKIRK JR	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	620
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	t operating any Facility	Ιp	orovide contractual ser	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you operat	e. Use addti	onal pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial Hero	e) I hereby affirm I have completed the mandatory Cybersecus completion with this renewal.	rity training	and have included the	certificate of



#### **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.
- . Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page or	ne of a two page form. Both pages must be completed an	d returned. (	Operator Certifcation Nu	mber: 12843
LITTLE	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	4 5 11
				ete or submit renewal
			result in an ad	he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
${\bf Certification}$	Type Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATE	R	2	0
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	I	provide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant that yo	u operate. Use add	tional pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cy completion with this renewal.	bersecurity training	g and have included the o	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page of	ne of a two page form. Both pages must be completed and re	eturned. O	perator Certification Nu	ımber: <b>12844</b>
PRYOR III	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	<b>450</b>
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	Ιį	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	security training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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This is page on	e of a two page form. Both pages must be completed and returned.	Operator Cer	tifcation Num	ber: 12850
SIMS	Please enter you're current address on the lines below and, if necessar		fication(s) sho ow will expire	
	correct the City, state and ZIP Code. Please print legibly.	The f	ee to renew th certification	350
		requir	ements by the ult in an addi	e or submit renewal e expiration date will tional late fees as n Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Гуре Category	C	Class	Required
TEMPORARY	WASTEWATER TREATMENT	А	1	24
TEMPORARY	WASTEWATER TREATMENT	5		45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:	1	Phone #:	
Number of Facil	ities (or Plants) that you currently operate:	I am e	mployed by the	ne Facility owner
I am currently no	ot operating any Facility	I provide con	tractual servic	es to the Facility
Please provide ti	he following information about each Facility/Plant that you operate. U	se addtional pages	as needed.	_
Facility / Plant N	Tame C	Class PDWIS (W	ater) NPDE	S (Wastewater)
	(OVER)			
(Initial Her	Thereby affirm I have completed the mandatory Cybersecurity to completion with this renewal.	training and have in	icluded the cei	rtificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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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	n pages must be completed and retur	ned. O	perator Certification Nur	mber: 12851
DUKES	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sh below will expin	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew to certificate	\$100
				<ul> <li>requirements by the result in an add</li> </ul>	te or submit renewal ne expiration date will ditional late fees as in Section V.
	ICATES TO RENEW				<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORAR'	Υ	WATER TREATMENT		1	24
TEMPORARY	Υ	WASTEWATER TREATMENT		1	24
II. CURREN	NT EMPLOYMENT INF	ORMATION			
Employer's Na	ame:			Phone #:	
Number of Fa	cilities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		ΙI	provide contractual serv	ices to the Facility
Please provide	e the following information ab	out each Facility/Plant that you operd	ite. Use addti	ional pages as needed.	
Facility / Plan	t Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial F	Here) I hereby affirm I ha	ve completed the mandatory Cybersec	ırity training	and have included the c	ertificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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• • • • • • • • • • • • • • • • • • • •	ne of a two page form. Both pages must be completed and returne	a. Oper	ator Certification N	umber: 12852
BRIDDELL	Please enter you're current address on the lines below and, if necess	ary,	Certification(s) below will exp	3/1//11/6
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently n	not operating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate.	Use addtiona	al pages as needed.	
Facility / Plant	Name	Class PD	WIS (Water) NP	DES (Wastewater)
	(OVER)			
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecurit completion with this renewal.	y training and	l have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one o	f a two page form. Both pages must be completed and returne	ed. Op	perator Certification Nu	mber: 12858
	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 5 11
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICA	TES TO RENEW:		described	Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	I p	rovide contractual serv	rices to the Facility
Please provide the j	following information about each Facility/Plant that you operate.	Use addtie	onal pages as needed.	
Facility / Plant Nam	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)
	(07.177)			
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurit completion with this renewal.	ty training a	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page one	of a two page form. Both pages must be completed and retu	rned. C	perator Certification Nu	mber: <b>12859</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shelow will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιj	provide contractual serv	ices to the Facility
Please provide the	e following information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
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#### **III. CONTINUING EDUCATION:**

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Name and Certification Numb	er of	
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This is page one	e of a two page form. Both pages must be completed and retu	rned. (	Operator Certifcation Num	ber: <b>12860</b>
CATHCART	Please enter you're current address on the lines below and, if necessary,		Certification(s) sho below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew th certification	450
			— requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	»:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by the	ne Facility owner
I am currently not	t operating any Facility	I	provide contractual servic	es to the Facility
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	(OVER)			
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Operator in Responsible Charg	ge:	

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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 retu	rned. C	perator Certifcation Nu	mber: <b>12861</b>
GARRETT	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s) sh below will expir	
	correct the City, state and Z	IP Code. Please print legibly.		The fee to renew to certificate	\$100
				requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
	CATES TO RENEW:				<b>Training Units</b>
Certification	Type	Category		Class	Required
TEMPORARY	,	WASTEWATER COLLECTION		2	24
TEMPORARY	,	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you curr	ently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	1	Ιj	provide contractual serv	ices to the Facility
Please provide	the following information abo	– out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial He	ere) — I hereby affirm I have	e completed the mandatory Cybersec	curity training	and have included the c	ertificate of

completion with this renewal.



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This is page of	ne of a two page form. Bot	th pages must be completed and re	turned. (	Operator Certifcation Num	nber: 12862
JOURDAN	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) she below will expire	
	correct the City, state and	d ZIP Code. Please print legibly.		The fee to renew the certificate	\$100
				requirements by th	te or submit renewal e expiration date will
					itional late fees as in Section V.
I. CERTIFI	CATES TO RENEW	7 <u>:</u>		— described	Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by t	the Facility owner
I am currently r	not operating any Facility	$\neg$	I	provide contractual servi	ces to the Facility
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use addi	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPDI	ES (Wastewater)
		(OVER)			
(Initial He	ere) I hereby affirm I ha	ave completed the mandatory Cybers	ecurity training	and have included the co	ertificate of

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#### **III. CONTINUING EDUCATION:**

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This is page of	one of a two page form. Both pages must be completed and retur	<b>ned.</b> Op	erator Certification Nu	ımber: 1308
AFSHAR	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	6.21
			requirements by to result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you opera	te. Use addtic	onal pages as needed.	
Facility / Plant	Name	Class F	PDWIS (Water) NPI	DES (Wastewater)
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Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page one of a	two page form. Both pages must be completed and returned.	Ope	erator Certifcation Nu	mber: <b>1470</b>
	ise enter you're current address on the lines below and, if necessary	ν,	Certification(s) sl below will expi	
corr	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	4 - 11
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICAT	ES TO RENEW:			<b>Training Units</b>
<b>Certification Type</b>	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		4	7
II. CURRENT EM	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	rating any Facility	I pro	ovide contractual serv	ices to the Facility
Please provide the fol	lowing information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.	
Facility / Plant Name	Cl	lass P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity tr	raining aı	nd have included the o	ertificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
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• • • •	ne of a two page form. Both pages must be completed and retu	irnea. Oj	perator Certification N	umber: <b>1811</b>
SMITH	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	620
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
${\bf Certification}$	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently n	not operating any Facility	Ιp	rovide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
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#### **III. CONTINUING EDUCATION:**

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This is page or	ne of a two page form. Both pages must be completed and retur	ned. O	perator Certification Nu	mber: <b>1844</b>
JONES, JR.	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal the expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
SUPERINTEN	DENT WASTEWATER COLLECTION		2	7
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
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	(OVER)			
(Initial He	I hereby affirm I have completed the mandatory Cybersect completion with this renewal.	ırity training	and have included the c	ertificate of



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This is page one of a two page form. Both pages must be completed and returned.			perator Certification I	Number: 1856
CIANCITTO	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 rener certifi	w these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility	Ιŗ	provide contractual se	rvices to the Facility
Please provide ti	he following information about each Facility/Plant that you opera	ate. Use addti	ional pages as needed	<u></u>
Facility / Plant N	Name	Class	PDWIS (Water) NI	PDES (Wastewater)
_				_
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersec completion with this renewal.	urity training	and have included the	e certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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HALES	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 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.
	ICATES TO RENEW:			<b>Training Units</b>
Certification	n Type Category		Class	Required
TEMPORARY	Y WATER TREATMENT		4	45
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (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	e the following information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	
Facility / Plant	t Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
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#### **III. CONTINUING EDUCATION:**

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MCBRIDE	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 certification	\$50
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	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
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	(OVER)			
(Initial H	ere) I hereby affirm I have completed the mandatory Cyber	rsecurity training	and have included the	certificate of

completion with this renewal.



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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	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page or	ne of a two page form. Both pages must be completed and re	turned. O	perator Certification N	umber: <b>1956</b>
ORCHARD	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 result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURREN	Γ 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	Ιp	provide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cybers	ecurity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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This is page one of a two page form. Both pages must be completed and returned. Ope				Operator Certification Number: 2079		
MONEY, JR.	Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on: 3/1/20		
	correct the City, state	and ZIP Code. Please print legibly.		The fee to renew certification	450	
						te will
I. CERTIFIC	CATES TO RENI	EW:			Training <b>U</b>	Jnits
Certification 7	Гуре	Category		Class	Required	
SUPERINTEND	DENT	WASTEWATER TREATMENT		S	У	
SUPERINTEND	DENT	WASTEWATER TREATMENT		5	7	
SUPERINTEND	DENT	WASTEWATER TREATMENT		Α	7	
II. CURRENT	EMPLOYMENT I	INFORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you	u currently operate:		I am employed by	the Facility own	er
I am currently no	ot operating any Facility	у	I p	rovide contractual serv	vices to the Facilit	ty 🗌
Please provide th	he following informatio	on about each Facility/Plant that you operate. U	se addtio	onal pages as needed.		
Facility / Plant N	ame		Class I	PDWIS (Water) NPI	DES (Wastewater	)
		(OVER)				
(Initial Her	e) I hereby affirm completion with	I have completed the mandatory Cybersecurity that this renewal.	training a	and have included the	certificate of	



#### **III. CONTINUING EDUCATION:**

Page 2

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

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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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 return	rned. Operator Certification Number: 2093			
	lease 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 rene certif	ew these fications: \$100	
			requirements b result in an	nplete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		1	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility	I pı	ovide contractual s	ervices to the Facility	
Please provide the	following information about each Facility/Plant that you operate	. Use addtio	onal pages as neede	ed.	
Facility / Plant Na	me	Class I	PDWIS (Water) N	IPDES (Wastewater)	
	(OVER)				
(Initial Here)		ity training a	and have included th	ne certificate of	



#### **III. CONTINUING EDUCATION:**

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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Last 4 digits of Social Security Number	Email Address		
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This is page or	ie of a two page form. Both pages m	ust be completed and returned.	Ope	erator Certification N	umber: <b>2117</b>
CHEEKS	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
				requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Catego	ry		Class	Required
OPERATOR	INDUST	RIAL WASTEWATER		2	0
II. CURREN	Γ EMPLOYMENT INFORMAT	ION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently ope	rate:		I am employed b	y the Facility owner
I am currently n	ot operating any Facility		I pro	ovide contractual ser	vices to the Facility
Please provide	the following information about each	Facility/Plant that you operate. Use	e addtio	nal pages as needed.	
Facility / Plant 1	Name	Cla	ass P	DWIS (Water) NP	DES (Wastewater)
		(OVER)			
(Initial He	re) I hereby affirm I have comple completion with this renewal.	ted the mandatory Cybersecurity tra	aining aı	nd have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page of	ne of a two page form. Both pages must be completed and retu	irned. O	perator Certification Nu	mber: <b>2162</b>
SWAUGER	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
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		1	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	Ιp	provide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant that you open	rate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersec completion with this renewal.	curity training	and have included the o	certificate of



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This is page on	ne of a two page form. Both pages must be completed and re	turned. (	Operator Certification Nun	ıber: <b>2220</b>
CAMPBELL	Please enter you're current address on the lines below and, if necessary,		Certification(s) sho below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	\$50
			— requirements by th result in an add	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>
Certification 7	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		1	24
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by t	he Facility owner
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	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training	g and have included the ce	rtificate of



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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Both pages must be completed and re	t <b>urned.</b> O	perator Certification Nu	mber: <b>2232</b>
CORBIN	Please enter you're current address on the lines below and, if necessary,		Certification(s) shelow will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	Ιį	provide contractual serv	ices to the Facility
Please provide	the following information about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial H	I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training	and have included the c	ertificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			perator Certification N	umber: <b>2418</b>
BENNETT	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	620
			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
OPERATOR	INDUSTRIAL WASTEWATE	R	5	30
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently n	ot operating any Facility	Ιŗ	provide contractual ser	vices to the Facility
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Facility / Plant 1	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
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#### **III. CONTINUING EDUCATION:**

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WINSTEAD	Please enter you're current address on the lines below and, if necessar		necessary,	Certification(s) s below will expi	
	correct the City, state and	d 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.
I. CERTIFIC	CATES TO RENEW	<u>7:</u>			Training Units
Certification 7	Гуре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT IN	FORMATION			
Employer's Name	e:			Phone #:	
Number of Facil	ities (or Plants) that you co	arrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		ΙI	provide contractual serv	vices to the Facility
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Facility / Plant N	lame		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			
(Initial Her	re) I hereby affirm I h completion with th	ave completed the mandatory Cybers is renewal.	security training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

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	one of a two page form. Both pages must be completed and return	ea. Ope	erator Certification IN	amber: 2581
ALLEN	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	3/1//11/6
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620
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Certification	Type Category		Class	Required
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I am currently i	not operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate.	. Use addtion	nal pages as needed.	
Facility / Plant	Name	Class Pl	DWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecuri completion with this renewal.	ty training ar	nd have included the	certificate of



#### **III. CONTINUING EDUCATION:**

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GALLEHER	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 expir	
			The fee to renew certifica	\$50
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	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
SUPERINTEN	DENT WATER TREATMENT		4	7
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
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NEWSOME	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificat	\$50
			— requirements by th result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	I	provide contractual servi	ces to the Facility
Please provide	the following information about each Facility/Plant that you ope	rate. Use addi	tional pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	curity training	g and have included the co	ertificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page on	e of a two page form. Both pages must be completed and	returned. O	perator Certification Nu	mber: <b>2802</b>	
HAUGHT	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 add	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification <sup>7</sup>	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		G	7	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	ΙŢ	provide contractual services to the Facility		
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Facility / Plant N	Name	Class	PDWIS (Water) NPD	DES (Wastewater)	
	(OVER)				
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This is page of	one of a two page form. Both pages must be completed and return	ed. Op	erator Certification N	umber: <b>2834</b>
TYMES	Please enter you're current address on the lines below and, if necessary,		Certification(s) selow 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 lditional late fees as ed in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
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Please provide	e the following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant	t Name	Class P	DWIS (Water) NP	DES (Wastewater)
				_
	(OVER)			
(Initial H		ity training a	nd have included the	certificate of



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This is page one of a two page form. Both pages must be completed and return			perator Certification N	imber: 3047
SNYDER	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	6.20
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Naı	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently i	not operating any Facility	Ιp	rovide contractual ser	vices to the Facility
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Facility / Plant	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
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This is page one of a	a two page form. Both pages must be completed and returned.	Operator Cer	tification N	Number: <b>3112</b>
	ase enter you're current address on the lines below and, if necessary rect the City, state and ZIP Code. Please print legibly.		fication(s) ow will ex	
corr	The f	ee to renev	w these cations: \$100	
		requir	ements by ult in an a	plete or submit renewal the expiration date will additional late fees as sed in Section V.
<u>I. CERTIFICAT</u>	TES TO RENEW:			Training Units
Certification Type	e Category	C	Class	Required
OPERATOR	WASTEWATER TREATMENT	A	\	16
SUPERINTENDENT	T WATER TREATMENT	1		7
SUPERINTENDENT	T WASTEWATER TREATMENT	5	)	7
SUPERINTENDENT	T WASTEWATER TREATMENT	A	1	7
OPERATOR	WASTEWATER TREATMENT	4		30
OPERATOR	WATER TREATMENT	4		30
OPERATOR	WASTEWATER TREATMENT	5	i	30
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:		]	Phone #:	
Number of Facilities (	(or Plants) that you currently operate:	I am	mployed l	by the Facility owner
I am currently not ope	erating any Facility	I provide con	tractual se	ervices to the Facility
Please provide the fol	llowing information about each Facility/Plant that you operate. Us	se addtional pages	as needea	d.
Facility / Plant Name	C	lass PDWIS (W	ater) NI	PDES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity to completion with this renewal.	raining and have in	icluded the	e certificate of



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•	ie of a two page form. Both pages must be completed and re	eturnea. O	perator Certification N	umber: <b>3295</b>
MCCARTER	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	620
			<ul> <li>requirements by result in an ac</li> </ul>	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
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Certification <sup>-</sup>	Type Category		Class	Required
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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This is page one of a	a two page form. Both pages must be completed and returned.	Op	erator Certifcation Nu	mber: <b>3330</b>
	ase enter you're current address on the lines below and, if necessar	y,	Certification(s) s below will expi	
corr	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICAT	<u>'ES TO RENEW:</u>			<b>Training Units</b>
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		3	45
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (	(or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not ope	rating any Facility	I pı	ovide contractual serv	rices to the Facility
Please provide the fol	llowing information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.	
Facility / Plant Name	C	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity t completion with this renewal.	training a	nd have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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

Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned.			perator Certification Ni	Imber: 3346
BOWMAN	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 legib	y.	The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that	vou operate. Use addti	onal pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVE	R)		
(Initial He	ere) I hereby affirm I have completed the mandatory completion with this renewal.	Cybersecurity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charg	ge:	

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I his is page one of a two page form. Both pages must be completed and returned.			urnea. O	perator Certification N	umber: 3412
WIGFIELD	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) below will exp	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
				requirements by result in an acceptance.	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	<u>CATES TO RENEW</u>	• •			Training Units
Certification	Type	Category		Class	Required
SUPERINTEN	DENT	WATER TREATMENT		4	7
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner
I am currently n	ot operating any Facility	7	Ιį	provide contractual ser	rvices to the Facility
Please provide	the following information a	— bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			
(Initial He	re) I hereby affirm I ha completion with thi	ve completed the mandatory Cyberse s renewal.	curity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charg	ge:	

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	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	Ιŗ	provide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here	e) I hereby affirm I have completed the mandatory Cyberse	curity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charg	ge:	

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	lease enter you're current address on the lines below and, if neces	ssary,	Certification(s) si below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	TES TO RENEW:			<b>Training Units</b>
Certification Type	De Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	I pr	ovide contractual serv	rices to the Facility
Please provide the j	following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Nam	ne	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecur	ity training a	nd have included the	certificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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MAXSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
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			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	Type Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
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	(OVER)			
(Initial Hero	e) I hereby affirm I have completed the mandatory Cycompletion with this renewal.	bersecurity training	and have included the	certificate of



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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 Numb	er of	
Operator in Responsible Charg	ge:	

## 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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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Applicant's Signature		Date	_
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

I consent to	receive my	certificate(s) by	emial in lieu	ı 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 t	two page form. Both pages must be completed and returned	<b>l.</b> Ope	rator Certifcation Nu	ımber: <b>3432</b>
	e enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will expi	
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 lditional late fees as d in Section V.
I. CERTIFICATE				<b>Training Units</b>
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not opera	ating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant Name		Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity	training an	d have included the	certificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

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Applicant's Signature		Date	_
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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This is page on	e of a two page form. Both pages must be completed and retu	ırned.	Operator Certification Numb	er: <b>3434</b>
HOULIHAN	Please enter you're current address on the lines below and, if necessary,		Certification(s) show below will expire of	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	4 - 11
			Failure to complete requirements by the control of	expiration date will onal late fees as
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>-</sup>	Type Category		Class	Required
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 employed by the	Facility owner
I am currently no	ot operating any Facility	]	I provide contractual service	s to the Facility
Please provide t	he following information about each Facility/Plant that you oper	rate. Use ado	dtional pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPDES	(Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersed completion with this renewal.	curity trainin	g and have included the cert	ificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
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This is page of	ne of a two page form. Both pages must be completed and re	turned. O	perator Certification Nu	ımber: <b>3440</b>
DAVEY	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 certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	Ιŗ	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you op	erate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	ecurity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
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This is page of	one of a two page form. Both	pages must be completed and return	rned. O	perator Certifcation Nu	mber: <b>3471</b>
WILSON	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sl below will expi	
	correct the City, state and Z	ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ICATES TO RENEW:				<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORARY	1	WASTEWATER COLLECTION		2	24
TEMPORARY	1	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT INFO	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you curr	rently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	] —	ΙI	provide contractual serv	ices to the Facility
Please provide	the following information abo	— out each Facility/Plant that you operd	ite. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial H	Iere) I hereby affirm I hav	e completed the mandatory Cybersec	ırity training	and have included the o	ertificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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This is page o	ne of a two page form. B	oth pages must be completed and re	turned. C	Operator Certifcation Nu	mber: <b>3739</b>
HALLER	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) sl below will expi	
	correct the City, state a	nd ZIP Code. Please print legibly.		The fee to renew certifica	\$ 100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ICATES TO RENE	<u>W:</u>			<b>Training Units</b>
Certification	Type	Category		Class	Required
SUPERINTEN	IDENT	WASTEWATER COLLECTION		2	7
SUPERINTEN	IDENT	WATER DISTRIBUTION		1	7
II. CURREN	T EMPLOYMENT IN	NFORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you	currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		I	provide contractual serv	rices to the Facility
Please provide	the following information	about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			
(Initial He	ere) I hereby affirm I	have completed the mandatory Cybers	ecurity training	and have included the c	certificate of

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Page 2

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HUDSON	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 certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ICATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	Ιŗ	provide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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

This is page of	one of a two page form. Bot	h pages must be completed and ret	urned. C	perator Certifcation Nu	mber: <b>4214</b>
MILLAR	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) sl below will expi	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ICATES TO RENEW	_			<b>Training Units</b>
Certification	n Type	Category		Class	Required
TEMPORARY	<i>(</i>	WASTEWATER COLLECTION		2	24
TEMPORARY	/	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT INF	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	rently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I	provide contractual serv	ices to the Facility
Please provide	the following information al	oout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			
(Initial H	Iere) I hereby affirm I ha	ve completed the mandatory Cyberse	curity training	and have included the o	certificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

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				erator Certifcation Nu	mber: <b>4456</b>
MCDOUGAL	Please enter you're current address on the lines below and, if necessary		y,	Certification(s) shown below will expire on: 3/1/20	
	correct the City, state and ZII	P Code. Please print legibly.		The fee to renew t certificat	\$100
				requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFIC	ATES TO RENEW:				<b>Training Units</b>
Certification T	ype C	ategory		Class	Required
OPERATOR	W	ATER TREATMENT		2	16
OPERATOR	W	ATER TREATMENT		5	16
OPERATOR	W	ASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFOR	RMATION			
Employer's Name	::			Phone #:	
Number of Facili	ties (or Plants) that you curren	tly operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility		I pro	ovide contractual servi	ces to the Facility
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Facility / Plant N	ame	C	Class P	DWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial Hero	e) I hereby affirm I have completion with this re	completed the mandatory Cybersecurity t newal.	raining a	nd have included the c	ertificate of



#### **III. CONTINUING EDUCATION:**

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•	e of a two page form. Both pages must be completed and retu	irnea. Op	perator Certification IN	imber: 5115	
FUSS	Please enter you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 3/1/20		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	<b>X100</b>	
			requirements by t result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>	
Certification 1	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently no	t operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide th	ne following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.		
Facility / Plant N	ame	Class I	PDWIS (Water) NPI	DES (Wastewater)	
	(0.777)				
	(OVER)				
(Initial Her	e) I hereby affirm I have completed the mandatory Cybersec completion with this renewal.	curity training a	and have included the	certificate of	



#### **III. CONTINUING EDUCATION:**

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This is page of	ne of a two page form. Both pages must be completed and retu	rned. O	perator Certification Nu	mber: <b>5174</b>
EYLER	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 add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	Ιŗ	provide contractual serv	ices to the Facility
Please provide	the following information about each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersec completion with this renewal.	urity training	and have included the c	ertificate of



#### **III. CONTINUING EDUCATION:**

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This is page on	ne of a two page form. Both pages must be completed and retu	ırned. Op	perator Certification Nu	ımber: <b>5465</b>
RHEA	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 certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>7</sup>	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide t	the following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	
Facility / Plant N	Name	Class I	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersec	curity training a	and have included the	certificate of



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Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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,	ne of a two page form. Both pages must be completed and returne	ea. Oper	ator Certification N	umber: <b>5993</b>
MOSELEY	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	3/1//11/6
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	<u>CATES TO RENEW:</u>			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
SUPERINTEN	IDENT WATER TREATMENT		4	7
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate.	Use addtion	al pages as needed.	
Facility / Plant	Name	Class PD	WIS (Water) NP	DES (Wastewater)
	(			
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecurit completion with this renewal.	ty training and	I have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature	Date		
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Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, 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: <b>6097</b>		
REEVES	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp		26
				The fee to renew certification	\$ 100	
				requirements by t result in an ad	ete or submit renewa the expiration date w ditional late fees as d in Section V.	
I. CERTIF	ICATES TO RENEV	<u>V:</u>			Training Units	5
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WATER TREATMENT		5	16	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you c	currently operate:		I am employed by	the Facility owner	$\Box$
I am currently	not operating any Facility		I pr	ovide contractual serv	vices to the Facility	
Please provide	the following information	about each Facility/Plant that you operate. Us	e addtio	onal pages as needed.		
Facility / Plant	Name	Cl	ass P	DWIS (Water) NPI	DES (Wastewater)	
						_
		(OVER)				
(1:4:1.11	I 11	` /	_::.		4:C4C	
(Initial H	completion with t	nave completed the mandatory Cybersecurity tr his renewal.	aining a	nd have included the	sermicate of	



#### **III. CONTINUING EDUCATION:**

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

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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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This is page one	of a two page form. Both p	pages must be completed and returned	l. Ope	rator Certifcation Nu	ımber: <b>6214</b>	
PAZDERSKY	PAZDERSKY  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: 3/1/2026		
	P Code. Please print legibly.		The fee to renew certification	X 1 (1)(1)		
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:				<b>Training Units</b>	
Certification T	ype C	Category		Class	Required	
OPERATOR	V	VASTEWATER COLLECTION		2	16	
SUPERINTEND	ENT V	VATER DISTRIBUTION		1	7	
OPERATOR	V	VATER DISTRIBUTION		1	16	
SUPERINTEND	ENT V	VASTEWATER COLLECTION		2	7	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ties (or Plants) that you curre	ntly operate:		I am employed by	the Facility owner	
I am currently not	t operating any Facility		I pro	vide contractual serv	vices to the Facility	
Please provide th	e following information abou	ut each Facility/Plant that you operate.	Use addtion	nal pages as needed.		
Facility / Plant Na	ame		Class PI	OWIS (Water) NPI	DES (Wastewater)	
		(OVER)				
(Initial Here	e) I hereby affirm I have completion with this r	completed the mandatory Cybersecurity enewal.	training an	d have included the	certificate of	



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Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

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

This is page one of a tw	o page form. Both pages must be completed and returne	ed. Ope	erator Certifcation Nu	mber: <b>6272</b>
DURRETT, SR.  Please enter you're current address on the lines below as		sary,	Certification(s) si below will expi	
correct	correct the City, state and ZIP Code. Please print legibly.			these tions: \$100
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or F	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operation	ng any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide the follow	ing information about each Facility/Plant that you operate.	. Use addtion	nal pages as needed.	
Facility / Plant Name		Class Pl	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here)	hereby affirm I have completed the mandatory Cybersecuri	ty training ar	nd have included the	certificate of

completion with this renewal.



#### **III. CONTINUING EDUCATION:**

Page 2

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

This is page of	one of a two page form. Bo	th pages must be completed and re	eturned.	Operator Certifcation Nu	mber: <b>6653</b>
ECKER	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) sl below will expi	
	correct the City, state and	d ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ICATES TO RENEW				<b>Training Units</b>
Certification	n Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	NT EMPLOYMENT INI	FORMATION			
Employer's Na	ime:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	_	I	provide contractual serv	ices to the Facility
Please provide	e the following information a	bout each Facility/Plant that you op	erate. Use addi	tional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			
(Initial H	Iere) I hereby affirm I h	ave completed the mandatory Cybers	security training	and have included the	certificate of

completion with this renewal.



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Page 2

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This is page on	e of a two page form. Bo	th pages must be completed and re	turned.	Operator Certifcation Nu	mber: <b>7901</b>
PULLIAM		Please enter you're current address on the lines below and, if necessary		Certification(s) shelow will expire	
	correct the City, state an	d ZIP Code. Please print legibly.		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 RENEV	<u>/:</u>			<b>Training Units</b>
Certification <sup>1</sup>	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
II. CURRENT	EMPLOYMENT IN	FORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I	provide contractual serv	ices to the Facility
Please provide t	he following information o	 about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
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Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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i nis is page one o	Please enter you're current address on the lines below and, if necessary,			ator Certificatio	n Number:	8183
				Certification below will	n(s) shown l expire on:	3/1/2026
С	orrect the City, state and ZIP Co	ode. Please print legibly.		The fee to re	enew these rtifications:	\$100
				requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.
<u>I. CERTIFICA</u>	ATES TO RENEW:				Т	raining Units
<b>Certification Ty</b>	pe Cate	gory		Class		equired
OPERATOR	WAS	TEWATER TREATMENT		5	3	0
SUPERINTENDE	NT WAS	TEWATER TREATMENT		Α	7	
OPERATOR	WAS	TEWATER TREATMENT		Α	1	6
OPERATOR	WATI	ER TREATMENT		2	1	6
SUPERINTENDE	NT WAS	TEWATER TREATMENT		5	7	
OPERATOR	WATE	ER TREATMENT		4	3	0
II. CURRENT E	EMPLOYMENT INFORMA	ATION				
Employer's Name:				Phone #	<b>‡:</b>	
Number of Facilitie	es (or Plants) that you currently of	operate:		I am employe	ed by the Fa	acility owner
I am currently not o	operating any Facility	, <del></del>	I pro	vide contractual	l services to	the Facility
Please provide the	following information about eac	ch Facility/Plant that you operate. U	se addtion	al pages as nee	ded.	
Facility / Plant Nar	ne	C	Class PD	WIS (Water)	NPDES (V	Vastewater)
		(OVER)				
(Initial Here)	I hereby affirm I have com- completion with this renew	pleted the mandatory Cybersecurity (	training and	l have included	the certific	ate of



#### **III. CONTINUING EDUCATION:**

Page 2

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Operator in Responsible Charg	ge:	

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This is page o	one of a two page form. Both pages must be completed and returne	e <b>d.</b> Ope	erator Certification Nu	ımber: <b>8188</b>
LAMBERT	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
			requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
SUPERINTEN	NDENT WATER TREATMENT		4	7
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	me:		Phone #:	
Number of Fac	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently i	not operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant	Name	Class Pl	DWIS (Water) NPI	DES (Wastewater)
				_
				_
	(OVER)			
(1.14.1.1			11 1. 1. 1.1	1. C
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecurit completion with this renewal.	y training ar	na nave included the	cermicate of



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This is page one of a two page form. Both pages must be completed and return			<b>l.</b> Operator Certification Number: <b>8333</b>			
JOHNIKIN	Please enter you're current address on the lines below and, if necessary,		Certification(s) shelow will expire			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100		
			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	Type Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
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	I pro	ovide contractual serv	ices to the Facility		
Please provide t	he following information about each Facility/Plant that you operate	. Use addtio	nal pages as needed.	_		
Facility / Plant N	Name	Class P	DWIS (Water) NPD	ES (Wastewater)		
	(OVER)					
(Initial He	re) I hereby affirm I have completed the mandatory Cybersecuri completion with this renewal.	ty training a	nd have included the c	ertificate of		



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SMEAK	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	450
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
SUPERINTER	NDENT WASTEWATER TREATMENT		5	7
SUPERINTE	NDENT WASTEWATER TREATMENT		А	7
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	Ιp	provide contractual ser	vices to the Facility
Please provide	e the following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.	
Facility / Plant	t Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial H	Here) I hereby affirm I have completed the mandatory Cybe	ersecurity training	and have included the	certificate of



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JOHNSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
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			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
OPERATOR	WASTEWATER COLLECTION		2	16
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I am currently n	not operating any Facility	I pı	ovide contractual serv	vices to the Facility
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	(			
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This is page on	e of a two page form. Both pages must be completed and returned	<b>i.</b> Oper	ator Certification N	umber: <b>8760</b>
THOMPSON	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	6.21
			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 7	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facility	I prov	vide contractual ser	vices to the Facility
Please provide ti	he following information about each Facility/Plant that you operate.	Use addtion	al pages as needed.	
Facility / Plant N	Jame	Class PD	WIS (Water) NP	DES (Wastewater)
	(OVED)			
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	training and	I have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Numb	er of	
Operator in Responsible Charg	ge:	

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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MABE	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	450
			requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
SUPERINTEN	DENT WATER DISTRIBUTION		1	7
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	Ιŗ	provide contractual serv	ices to the Facility
Please provide i	the following information about each Facility/Plant that you opera	ite. Use addti	ional pages as needed.	_
Facility / Plant N	Name	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OLIER)			
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cybersect completion with this renewal.	urity training	and have included the c	ertificate of



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Operator in Responsible Charg	ge:	

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Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
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SMITH	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	6.21
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant	Name	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			
/T '.' 1 TT			. 11	
(Initial H	ere) I hereby affirm I have completed the mandatory Cybersecur completion with this renewal.	ity training a	nd nave included the	certificate of



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CARBAUGH	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew t	450
			requirements by the result in an add	te or submit renewal e expiration date will itional late fees as in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	Type Category		Class	Required
SUPERINTEND	DENT WATER TREATMENT		2	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	Ιp	rovide contractual servi	ces to the Facility
Please provide th	ne following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial Here	e) I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	y training	and have included the co	ertificate of



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This is page one of a two page form. Both pages must be completed and return			<b>d.</b> Operator Certification Number: <b>9203</b>			
BARRY	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100		
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
I. CERTIFI	ICATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	WATER TREATMENT		3	30		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		Α	16		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Naı	me:		Phone #:			
Number of Fac	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently i	not operating any Facility	I pr	ovide contractual serv	vices to the Facility		
Please provide	the following information about each Facility/Plant that you oper	ate. Use addtio	nal pages as needed.			
Facility / Plant	Name	Class P	DWIS (Water) NPI	DES (Wastewater)		
	(OVER)					
(Initial Ho	ere) I hereby affirm I have completed the mandatory Cybersec completion with this renewal.	curity training a	nd have included the	certificate of		



#### **III. CONTINUING EDUCATION:**

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	ease enter you're current address on the lines below and, if necessary	,	Certification(s) sh below will expir	
co	errect the City, state and ZIP Code. Please print legibly.		The fee to renew t certificat	450
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	TES TO RENEW:			<b>Training Units</b>
Certification Typ	e Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	I pı	ovide contractual servi	ces to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you operate. Us	e addtio	onal pages as needed.	
Facility / Plant Name	e Cl	ass P	PDWIS (Water) NPD	ES (Wastewater)
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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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- 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

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to: M	Iaryland Board of Waterworks a	nd Waste Systems Operators	
Mail to: Maryland Department of	the Environment, P.O. Box 2057	7, Baltimore, Maryland 21203-1708	
* AN INCOMPLE	TE APPLICATION WILL	RE RETURNED *	

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



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.

This is page on	e of a two page form. Both pages must be completed and return	ned. O <sub>I</sub>	perator Certification Nu	mber: <b>9615</b>
SYLVESTER	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	
			The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification 7	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Name	ne:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	Ιp	rovide contractual serv	ices to the Facility
Please provide th	he following information about each Facility/Plant that you operat	e. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class 1	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersecus	rity training a	and have included the	certificate of



#### **III. CONTINUING EDUCATION:**

Page 2

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

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

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	Please enter you're current address on the lines below and, if necess		necessary,	Certification(s) s below will expi			
C	correct the City, state an	d ZIP Code. Please print legibly.		The fee to renew certification	\$ 100		
				<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as I in Section V.		
I. CERTIFICA	ATES TO RENEW	<u>/:</u>			Training Units		
Certification Ty	/pe	Category		Class	Required		
SUPERINTENDE	ENT	WATER TREATMENT		1	7		
SUPERINTENDE	ENT	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT I	EMPLOYMENT IN	FORMATION					
Employer's Name:				Phone #:			
Number of Faciliti	es (or Plants) that you co	urrently operate:		I am employed by	the Facility owner		
I am currently not	operating any Facility		Ιŗ	provide contractual serv	vices to the Facility		
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