

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

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

This is page one of a two page form. Both pages must be completed and returned.			I. Operator Certification Number: <b>0297</b>			
	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) shown below will expire on: <b>4/1/2025</b>			
correct the City, state	and ZIP Code. Please print legibly.		The fee to rer cert	new these <b>\$50</b>		
			requirements l result in an	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
I. CERTIFICATES TO REN	EW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		А	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
II. CURRENT EMPLOYMENT	INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that yo	u currently operate:		I am employed	d by the Facility owner		
I am currently not operating any Facilit	у 🗌	Ιp	rovide contractual	services to the Facility		
Please provide the following information	on about each Facility/Plant that you operation	te. Use addtio	onal pages as need	led.		
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (Wastewater)		



# **III. CONTINUING EDUCATION:**

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

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

## IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one	of a two page form. Both pages must be completed and returned.	C	Operator Certifcation Nu	mber: 0342	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi		
correct th	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	ATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I	provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Us	se addt	ional pages as needed.		
Facility / Plant Na	ume C	Class	PDWIS (Water) NPD	DES (Wastewater)	



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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FRANCZKOWSKI Please enter you're current address on the lines below		essary,	Certification(s) shown below will expire on: 4/1/2		4/1/2025	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>			
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		oiration date will al late fees as	
I. CERTIFICATI	ES TO RENEW:			т	raining Units	
Certification Type	Category		Class		equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
OPERATOR	WATER DISTRIBUTION		1	1	6	
II. CURRENT EMI	PLOYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (c	or Plants) that you currently operate:		I am employe	ed by the Fa	acility owner	
I am currently not oper	rating any Facility	I pr	rovide contractual services to the Facility			
Please provide the foll	owing information about each Facility/Plant that you operat	e. Use addtio	nal pages as need	ded.		
Facility / Plant Name		Class P	DWIS (Water)	NPDES (W	Vastewater)	



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

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TAWES	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) show below will expire		4/1/2025
с	correct the City, state and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$50
			Failure to complete or subm requirements by the expiration result in an additional lat described in Section		piration date will al late fees as
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	INDUSTRIAL WASTEWATER		6	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #	<b>:</b>	
Number of Facili	ties (or Plants) that you currently operate:		I am employe	ed by the F	acility owner
I am currently not	t operating any Facility	I pr	ovide contractual	l services to	o the Facility
Please provide th	e following information about each Facility/Plant that you operate. U	Use addtio	nal pages as nee	ded.	
Facility / Plant Na	ame	Class P	DWIS (Water)	NPDES (V	Wastewater)
_					



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Email Address

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	enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50		
			requirements by result in an ac	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES				<b>Training Units</b>		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT EMPI	LOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or	Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operat	ing any Facility	I	I provide contractual services to the Facility			
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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This is page on	e of a two page form. Both pages must be completed and returned.	. (	Operator Certifcation N	umber: <b>0741</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(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 <sup>-</sup>	Type Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant N	Jame C	Class	PDWIS (Water) NP	DES (Wastewater)



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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Both pages must be completed and returned			d. Operator Certification Number: 0768			
	ou're current address on the lines below and, if nec	essary,		Certification(s) shown below will expire on: <b>4/1/2025</b>		
correct the Cit	ty, state and ZIP Code. Please print legibly.		The fee to re cer	enew these <b>\$50</b> tifications:		
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		late will	
I. CERTIFICATES TO	RENEW:			Training	Units	
Certification Type	Category		Class	Required		
SUPERINTENDENT	WASTEWATER TREATMENT		5	7		
SUPERINTENDENT	WASTEWATER TREATMENT		А	7		
II. CURRENT EMPLOYM	IENT INFORMATION					
Employer's Name:			Phone #	<u>-</u>		
Number of Facilities (or Plants)	that you currently operate:		I am employe	ed by the Facility ow	mer	
I am currently not operating any	/ Facility	ΙĮ	I provide contractual services to the Facility			
Please provide the following inf	formation about each Facility/Plant that you opera	te. Use addt	ional pages as need	ded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewate	er)	



# **III. CONTINUING EDUCATION:**

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

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

## IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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

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

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page one of a two page form. Both pages must be completed and returned. Op			Derator Certification Number: 0797		
	nter you're current address on the lines below and, if neces	sary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
		requirements by the e result in an addition		ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT EMPL	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	lants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operatir	ng any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide the followi	ing information about each Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one of	f a two page form. Both	pages must be completed and	d returned.	Operator Certification	n Number:	0948
	Please enter you're current address on the lines below and, if necessary,		, if necessary,	Certification(s) shown below will expire on: 4/		4/1/2025
correct the C	prrect the City, state and 2	ZIP Code. Please print legibly.		The fee to represent the fee to represent the terms of terms	new these	\$50
				Failure to complete or submit requirements by the expiration result in an additional late described in Section V		iration date will al late fees as
I. CERTIFICA	TES TO RENEW:				Т	raining Units
Certification Typ	be	Category		Class	Re	equired
SUPERINTEND	ENT	WATER TREATMENT		1	7	
II. CURRENT E	MPLOYMENT INFO	ORMATION				
Employer's Name:				Phone #	:	
Number of Facilities	s (or Plants) that you curr	ently operate:		I am employe	d by the Fa	cility owner
I am currently not o	perating any Facility	]	]	provide contractual	services to	the Facility
Please provide the f	following information abo	out each Facility/Plant that you	ı operate. Use add	ltional pages as need	led.	
Facility / Plant Nam	le		Class	PDWIS (Water)	NPDES (W	astewater)



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Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10175			
	se enter you're current address on the lines below and, if necessa	ary,	Certification(s) shown below will expire on: 4/1/20			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50		
		Failure to complete or requirements by the exp result in an addition described in Se		the expiration date will Iditional late fees as		
I. CERTIFICAT				Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTION		2	24		
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (	or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not oper	rating any Facility	Ιp	provide contractual ser	vices to the Facility		
Please provide the foll	owing information about each Facility/Plant that you operate.	Use addti	ional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page on	e of a two page form. Both pages must be completed and return	ed. C	Operator Certifcation Number: 10267			
FANTOM	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			requirements by result in an ac	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
	CATES TO RENEW:			Training Units		
Certification <sup>-</sup>	Type Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently no	ot operating any Facility	I	I provide contractual services to the Facility			
Please provide t	he following information about each Facility/Plant that you operate	. Use addt	ional pages as needed.			
Facility / Plant N	lame	Class	PDWIS (Water) NPI	DES (Wastewater)		



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This is page on	e of a two page form. Both pages must be completed and returned.	0	perator Certifcation N	umber: 10436
ALFARO	Please enter you're current address on the lines below and, if necessary,	·y,	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.
	CATES TO RENEW:			<b>Training Units</b>
Certification	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	y the Facility owner
I am currently ne	ot operating any Facility	Ιp	provide contractual ser-	vices to the Facility
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Facility / Plant N	Name C	Class	PDWIS (Water) NPI	DES (Wastewater)



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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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

This is page one	of a two page form. Both pages must be completed and returned.	C	Operator Certifcation Nu	mber: 10437	
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
I. CERTIFIC	ATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I	provide contractual serv	vices to the Facility	
Please provide the	e following information about each Facility/Plant that you operate. U	se addt	ional pages as needed.		
Facility / Plant Na	ame C	Class	PDWIS (Water) NPD	DES (Wastewater)	



# **III. CONTINUING EDUCATION:**

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

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

## IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page on	e of a two page form. Both pages must be completed and returned.	Oper	ator Certifcation	Number:	10443
WOODS, JR	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		The fee to renew these		4/1/2025
					\$50
			requirements l result in an	by the exp	submit renewal piration date will al late fees as ection V.
	CATES TO RENEW:				raining Units
Certification 7	ype Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	×		Phone #:	_	
Number of Facili	ties (or Plants) that you currently operate:		I am employed	l by the F	acility owner
I am currently no	t operating any Facility	I prov	vide contractual s	services to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	addtiond	al pages as need	ed.	
Facility / Plant N	ame Clas	ss PD	WIS (Water) N	NPDES (V	Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 10451			
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will exp				
с			The fee to renew certific	\$50			
				requirements by result in an accession	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
	ATES TO RENEW:				<b>Training Units</b>		
Certification T	ype Categ	ory		Class	Required		
TEMPORARY	WAS	TEWATER COLLECTION		2	24		
II. CURRENT	EMPLOYMENT INFORMA	TION					
Employer's Name				Phone #:			
Number of Facilit	ies (or Plants) that you currently o	perate:		I am employed b	y the Facility owner		
I am currently not	operating any Facility		Iı	provide contractual ser	vices to the Facility		
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Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Both pages must be completed and returned.	O	perator Certifcation N	umber: 10778	
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	у,	Certification(s) below will exp	4/1/2025	
			The fee to renew certific		
			<ul> <li>requirements by result in an ac</li> </ul>	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.	
	CATES TO RENEW:			<b>Training Units</b>	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>				
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 p	rovide contractual ser	vices to the Facility	
Please provide t	he following information about each Facility/Plant that you operate. Us	se addti	onal pages as needed.		
Facility / Plant N	Vame Cl	lass	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Bot	h pages must be completed and retur	ned. Of	perator Certifcation	Number: 10849	
	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) shown below will expire on: <b>4/1/2025</b>		
correct the City, state and			The fee to renew these certifications: <b>\$100</b>		
			- requirements h result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
I. CERTIFICATES TO RENEW	<u>.</u>			<b>Training Units</b>	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION	N	2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cur	rently operate:		I am employed	l by the Facility owner	
I am currently not operating any Facility		I pi	rovide contractual s	services to the Facility	
Please provide the following information al	pout each Facility/Plant that you operc	te. Use addtio	onal pages as need	ed.	
Facility / Plant Name		Class I	PDWIS (Water) N	NPDES (Wastewater)	



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This is page on	e of a two page form. Both pages must be completed and returned.	С	perator Certifcation Nu	mber: 10851
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	у,	Certification(s) sl below will expi	hown re on: 4/1/2025
			The fee to renew certifica	\$50
			requirements by the result in an additional content of the result in a second content of the result in a second content of the result in an additional content of the result in a second content of the result in an additional content of the result in a second content of the resul	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>-</sup>	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
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	ΙI	provide contractual serv	ices to the Facility
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Facility / Plant N	lame C	Class	PDWIS (Water) NPD	ES (Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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

This is page on	e of a two page form. Both	pages must be completed and retu	urned. (	Operator Certification	Number: 10859
PAYNE	Please enter you're current address on the lines below and, if necessar		ecessary,	Certification(s below will ex	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certif	w these <b>\$50</b>
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	CATES TO RENEW:				<b>Training Units</b>
Certification 7	Гуре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATE	R	2	0
II. CURRENT	<b>EMPLOYMENT INFO</b>	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility	]	Ι	provide contractual se	ervices to the Facility
Please provide th	he following information ab	out each Facility/Plant that you oper	rate. Use add	tional pages as neede	<i>d</i> .
Facility / Plant N	lame		Class	PDWIS (Water) N	PDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page on	e of a two page form. Bot	h pages must be completed	and returned.	Operator Certifcation	on Number:	10861
CRANDALL	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		4/1/2025	
	correct the City, state and	ZIP Code. Please print legil	oly.	The fee to r ce	enew these rtifications:	\$50
				Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		oiration date will al late fees as
	CATES TO RENEW					raining Units
Certification 7	Гуре	Category		Class	R	equired
OPERATOR		WASTEWATER COL	LECTION	2	1	6
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone	#:	
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employ	red by the Fa	acility owner
I am currently no	ot operating any Facility	7 _		I provide contractua	l services to	the Facility
Please provide th	he following information al	out each Facility/Plant that	t you operate. Use ad	dtional pages as nee	eded.	
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (V	Vastewater)



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a two page form. Both pages must be completed and returned.			ned. Op	• Operator Certification Number: <b>10866</b>		
	Please enter you're current address on the lines below and, if necessa	essary,		Certification(s) shown below will expire on: 4/1/2025		
с	correct the City, state and Z	P Code. Please print legibly.		The fee to re	enew these rtifications	<u>× 1 (1)(1</u>
				Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		piration date will nal late fees as
I. CERTIFICA	ATES TO RENEW:				٦	Fraining Units
Certification Ty	rpe C	Category		Class	F	Required
TEMPORARY	I	NDUSTRIAL WASTEWATER		5	2	15
TEMPORARY	V	VATER TREATMENT		3	4	45
II. CURRENT F	EMPLOYMENT INFO	RMATION				
Employer's Name:				Phone 7	#:	
Number of Faciliti	es (or Plants) that you curre	ntly operate:		I am employ	ed by the F	Facility owner
I am currently not	operating any Facility	]	I pi	rovide contractua	l services t	o the Facility
Please provide the	following information about	it each Facility/Plant that you opera	e. Use addtio	onal pages as nee	eded.	
Facility / Plant Nar	ne		Class I	PDWIS (Water)	NPDES (	Wastewater)



## **III. CONTINUING EDUCATION:**

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page one	of a two page form. Both pages must be completed and ref	turned. Op	perator Certifcation N	Number: 10872
	Please enter you're current address on the lines below and, if necess		Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renev certifie	w these <b>\$100</b> cations:
			- requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	NC	2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you ope	erate. Use addtio	onal pages as needed	<i>!</i> .
Facility / Plant Na	ame	Class P	PDWIS (Water) NP	PDES (Wastewater)
_				



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: <b>10876</b>			
BANKS	Please enter you're current address on the lines below and, if necessa	ecessary,	Certification(s below will ex			
CO	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these \$100 stations:		
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
	CATES TO RENEW:			<b>Training Units</b>		
Certification	Type Category		Class	Required		
TEMPORARY	Y WATER TREATMENT		2	24		
TEMPORARY	Y WASTEWATER TREATMEN	1T	5	45		
TEMPORARY	Y WASTEWATER TREATMEN	1T	А	24		
II. CURRENT	FEMPLOYMENT INFORMATION					
Employer's Nam	ne:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently no	ot operating any Facility	I pr	ovide contractual so	ervices to the Facility		
Please provide t	he following information about each Facility/Plant that you ope	erate. Use addtio	nal pages as neede	d.		
Facility / Plant N	Jame	Class P	DWIS (Water) N	PDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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## 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 one	e of a two page form. Both pages must be completed	and returned.	Operator Certifcation Nu	umber: 10887
JONES	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	ly.	The fee to renew certifica	45A
			— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTIO	)N	1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	x		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	I	provide contractual serv	vices to the Facility
Please provide th	e following information about each Facility/Plant that	you operate. Use ada	ltional pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NPI	DES (Wastewater)



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Last 4 digits of Social Security Number

Email Address

Date

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

This is page one	of a two page form. Both pages must be completed and retu	rned.	Operator Certifcation	Number:	10889
	Please enter you're current address on the lines below and, if necessary		Certification( below will e		4/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		iration date will al late fees as
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	INDUSTRIAL WASTEWATER	र	5	30	C
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:	_	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	l by the Fa	cility owner
I am currently not	operating any Facility	Ι	provide contractual	services to	the Facility
Please provide the	e following information about each Facility/Plant that you oper	ate. Use add	tional pages as need	ed.	
Facility / Plant Na	me	Class	PDWIS (Water) N	NPDES (W	/astewater)



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Last 4 digits of Social Security Number

Email Address

Date

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This is page one	of a two page form. Both pages must be completed and returned	<b>i.</b> C	Operator Certification	Number:	10898
	Please enter you're current address on the lines below and, if necessary	ary,	Certification(s) below will exp		4/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		iration date will Il late fees as
	ATES TO RENEW:				aining Units
Certification T	ype Category		Class	Re	equired
OPERATOR	WASTEWATER TREATMENT		5	30	)
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fa	cility owner
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Facility / Plant Na	me	Class	PDWIS (Water) N	PDES (W	astewater)



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This is page on	e of a two page form. Both pages must be completed and returned.	Ope	erator Certifcatio	on Number:	10994
CARTER	Please enter you're current address on the lines below and, if necessary,		Certificatior below will	n(s) shown expire on:	4/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		oiration date will al late fees as
	CATES TO RENEW:				raining Units
Certification	Type Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #	<b>:</b>	
Number of Facil	ities (or Plants) that you currently operate:		I am employe	ed by the F	acility owner
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Facility / Plant N	lame Cla	ass Pl	DWIS (Water)	NPDES (V	Wastewater)



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BLACKWELL	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b>
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECT	ION	2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	t operating any Facility	Ι	provide contractual ser	vices to the Facility
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Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)



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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 certific	\$50
			— requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION	١	1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
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COLEMAN	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFI	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
TEMPORAR	Y WATER TREATMENT		4	45
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>			
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 ne	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide i	the following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.	
Facility / Plant N	Name	Class P	DWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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

This is page one of a two page form. Both pages must be completed and returne				• Operator Certification Number: <b>11280</b>			
SPENCE, JR	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		у,	Certification(s) below will ex		4/1/2025	
				The fee to rene certif	w these ications:	\$50	
				<ul> <li>Failure to complete or submit rer</li> <li>requirements by the expiration da result in an additional late fees</li> <li>described in Section V.</li> </ul>		iration date will al late fees as	
	CATES TO RENEW:			-		raining Units	
Certification <sup>-</sup>	Type Category	,		Class	R	equired	
OPERATOR	INDUST	RIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORMATIO	ON					
Employer's Nam				Phone #:			
Number of Facil	ties (or Plants) that you currently opera	te:		I am employed	by the Fa	cility owner	
I am currently no	t operating any Facility		I pı	ovide contractual se	ervices to	the Facility	
Please provide th	ne following information about each Fa	cility/Plant that you operate. U	se addtio	onal pages as needed	d.		
Facility / Plant N	ame	C	Class F	DWIS (Water) N	PDES (W	Vastewater)	



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one	e of a two page form. Both pages must be completed and returne	ed. (	d. Operator Certification Number: <b>1139</b>			
THURSTON	Please enter you're current address on the lines below and, if necessary	sary,	Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
	ATES TO RENEW:			Training Units		
Certification T	ype Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	x		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently no	t operating any Facility	Ι	provide contractual serv	vices to the Facility		
Please provide th	e following information about each Facility/Plant that you operate.	. Use addi	tional pages as needed.			
Facility / Plant N	ame	Class	PDWIS (Water) NPI	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one o	f a two page form. Both pages must be completed and returned.	Operator Certifcation Number: 11428			
	lease enter you're current address on the lines below and, if necessary	y,	Certification(s) below will ex		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>		
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
	TES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not o	operating any Facility	I	provide contractual se	rvices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. U	lse addt	ional pages as needed	<i>d</i> .	
Facility / Plant Nan	ne C	Class	PDWIS (Water) N	PDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one	e of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 11449		
ELDER	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: 4/1/2	
			The fee to renew certific	w these <b>\$50</b>
			requirements by t 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 T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	x		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	t operating any Facility	I pr	ovide contractual serv	vices to the Facility
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Facility / Plant Na	ame Cl.	ass P	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number: 11612		
CURRY	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: 4/1/20	
			The fee to renew certifica	\$50
			requirements by the result in an additional content of the result in a second content of t	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>-</sup>	Гуре Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Please provide th	he following information about each Facility/Plant that you operate. Us	se addt	ional pages as needed.	
Facility / Plant N	lame Cl	lass	PDWIS (Water) NPD	ES (Wastewater)



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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	perator Certifcation Number: 11634			
HANKEY	Please enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
				requirements by to 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:				<b>Training Units</b>
Certification	Туре	Category		Class	Required
OPERATOR	1	WATER DISTRIBUTION		1	16
II. CURRENT	Г EMPLOYMENT INFO	RMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you curre	ently operate:		I am employed by	the Facility owner
I am currently ne	ot operating any Facility	]	Ι	provide contractual serv	vices to the Facility
Please provide i	the following information abo	- ut each Facility/Plant that you ope	rate. Use addi	tional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one	perator Certification Number: <b>11640</b>					
	Please enter you're current address on the lines below and, if necessary,	y,	Certification(s below will ex		/1/2025	
(	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these \$5	\$50	
			<ul> <li>Failure to complete or submit rer</li> <li>requirements by the expiration da result in an additional late fees</li> <li>described in Section V.</li> </ul>		tion date will tte fees as	
	ATES TO RENEW:				ning Units	
Certification Ty	vpe Category		Class	Requ	iired	
TEMPORARY	WASTEWATER COLLECTION		2	24		
II. CURRENT I	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Facili	ty owner	
I am currently not	operating any Facility	Ιŗ	provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. U	lse addti	ional pages as neede	d.		
Facility / Plant Nat	me C	Class	PDWIS (Water) N	PDES (Wast	ewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

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

This is page on	e of a two page form. Both pages must be completed and returned.	Oj	Operator Certification Number: 1188			
STEWART	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b> cations:		
			Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.			
	CATES TO RENEW:			<b>Training Units</b>		
Certification	Type Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	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 services to the Facility			
Please provide t	he following information about each Facility/Plant that you operate. Us	se addti	onal pages as needed			
Facility / Plant N	Jame C.	lass l	PDWIS (Water) NP	PDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.			• Operator Certification Number: <b>12146</b>			
	Please enter you're current address on the lines below and, if necessa	ssary,	Certification(s) shown below will expire on: <b>4/1/2025</b>			
correct the City, state and	ZIP Code. Please print legibly.		The fee to ren certi	these <b>\$100</b>		
			<ul> <li>Failure to complete or submit remains the expiration dat</li> <li>requirements by the expiration dat</li> <li>result in an additional late fees</li> <li>described in Section V.</li> </ul>			
I. CERTIFICATES TO RENEW	<u>.</u>			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you cur	rently operate:		I am employed	l by the Facility owner		
I am currently not operating any Facility		I pr	ovide contractual	services to the Facility		
Please provide the following information al	pout each Facility/Plant that you operat	e. Use addtio	nal pages as need	ed.		
Facility / Plant Name		Class P	DWIS (Water) N	NPDES (Wastewater)		



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This is page one	of a two page form. Both pages must be completed and returned.	O	perator Certifcation Nu	umber: 12191	
GROSS 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	\$50	
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.		
	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility	I p	provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Use	addti	onal pages as needed.		
Facility / Plant N	ame Cla	uss ]	PDWIS (Water) NPI	DES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned			d returned. (	Operator Certification Number: <b>12322</b>			
BARRETT	Please enter you're current address on the lines below and, if necessary	l, if necessary,		Certification(s) shown below will expire on: <b>4/1/2025</b>			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these tifications:	\$100	
				requirements result in a	Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFIC	ATES TO RENEW	L			Tra	aining Units	
Certification T	уре	Category		Class	Re	quired	
TEMPORARY		WASTEWATER COLLE	CTION	2	24		
TEMPORARY		WATER TREATMENT		2	24		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Name				Phone #	<b>:</b>		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the Fac	cility owner	
I am currently not	t operating any Facility		Ι	provide contractua	l services to	the Facility	
Please provide th	e following information al	oout each Facility/Plant that yo	u operate. Use addi	tional pages as nee	ded.		
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	astewater)	



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

This is page one of a two page form. Both pages must be completed and returned.			turned. (	d. Operator Certification Number: <b>12380</b>			
LINDEMANN Please enter you're current addres correct the City, state and ZIP Co	Please enter you're current address on the lines below and, if necessar	ecessary,		Certification(s) shown below will expire on: 4/1/2025			
	ZIP Code. Please print legibly.		The fee to r ce	enew these rtification	\$100		
				requirement result in a	Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.		
I. CERTIFIC	ATES TO RENEW:					Training Units	
Certification Ty	/pe	Category		Class		Required	
TEMPORARY		WASTEWATER COLLECTION	NC	2		24	
TEMPORARY		WATER DISTRIBUTION		1		24	
II. CURRENT I	EMPLOYMENT INF	ORMATION					
Employer's Name:				Phone	#:		
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employ	ved by the	Facility owner	
I am currently not	operating any Facility		Ι	provide contractua	al services	to the Facility	
Please provide the	e following information ab	out each Facility/Plant that you ope	erate. Use addi	tional pages as nee	eded.		
Facility / Plant Nat	me		Class	PDWIS (Water)	NPDES	(Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

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

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	Operator Certification Number: 12381			
COOPER	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 <b>\$50</b> cations:		
			Failure to complete or submit rem requirements by the expiration da result in an additional late fees described in Section V.			
I. CERTIFIC	ATES TO RENEW:			<b>Training Units</b>		
Certification T	ype Category		Class	Required		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not	t operating any Facility	I pro	provide contractual services to the Facility			
Please provide th	e following information about each Facility/Plant that you operate. Use	addtion	al pages as needed	·		
Facility / Plant Na	ame Clas	ss PI	OWIS (Water) NP	'DES (Wastewater)		



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BLAKE	Please enter you're current address on the lines below and, if necessary,	ssary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	4 E M	
			<ul> <li>Failure to complete or submit representation of the expiration da result in an additional late fees described in Section V.</li> </ul>		
	CATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	t operating any Facility	I pi	provide contractual services to the Facility		
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			- requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFICATES TO RENE	<u>W:</u>			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION	1	2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPLOYMENT IN	FORMATION			
Employer's Name:			Phone #:	
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Certification	Type Category		Class	Required	
TEMPORAR	WATER TREATMENT		1	24	
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Certification <sup>-</sup>	Гуре Category		Class	Required		
TEMPORARY	/ INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a two page form. Both pages must be completed and return				d. Operator Certification Number: <b>12386</b>			
	Please enter you're current address on the lines below and, if necessary,	sary,	Certification(s below will e		4/1/2025		
correct the City, state and ZIP Code. Please print legibly.				The fee to rend certi	ew these fications:	\$50	
				<ul> <li>Failure to complete or submit representation of the expiration of the e</li></ul>		iration date will al late fees as	
	TES TO RENEW:			-		raining Units	
Certification Ty	pe Categoi	γ		Class	R	equired	
TEMPORARY	INDUS	TRIAL WASTEWATER		2	0		
II. CURRENT F	MPLOYMENT INFORMAT	ION					
Employer's Name:				Phone #:	_		
Number of Faciliti	es (or Plants) that you currently ope	rate:		I am employed	by the Fa	cility owner	
I am currently not	operating any Facility		I p	I provide contractual services to the Facility			
Please provide the	following information about each l	Facility/Plant that you operate.	Use addti	onal pages as neede	ed.		
Facility / Plant Nar	ne		Class	PDWIS (Water) N	IPDES (W	Vastewater)	



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page one	of a two page form. Both pages must be completed and retur	ned. Ope	Operator Certifcation Number: 12387			
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 4/1/2025			
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>			
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFICA	ATES TO RENEW:			<b>Training Units</b>		
Certification Ty	rpe Category		Class	Required		
TEMPORARY	WATER TREATMENT		2	24		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT F	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			provide contractual services to the Facility			
Please provide the	following information about each Facility/Plant that you operation	te. Use addtion	al pages as neede	<i>d</i> .		
Facility / Plant Nar	me	Class PE	OWIS (Water) N	PDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

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This is page one of a two page form. Both pages must be completed and returned				d. Operator Certification Number: <b>12390</b>				
BROWN JR	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$50					
	correct the City, state and ZIP Code. Please print legibly.							
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		piration date will nal late fees as		
I. CERTIFIC	CATES TO RENEW	• •			-	Fraining Units		
Certification <sup>-</sup>	Гуре	Category		Class	I	Required		
TEMPORARY	(	WASTEWATER TREATMEN	Т	5	4	15		
TEMPORARY	(	WASTEWATER TREATMEN	Т	А		24		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION						
Employer's Nam	e:			Phone #	#:			
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employ	ed by the F	Facility owner		
I am currently not operating any Facility			I p	I provide contractual services to the Facility				
Please provide ti	he following information al	pout each Facility/Plant that you oper	rate. Use addtie	onal pages as nee	eded.			
Facility / Plant N	lame		Class 1	PDWIS (Water)	NPDES (	Wastewater)		



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages must be completed and returne			Operator Certification Number: 12391				
	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) shown below will expire on: 4/1/2				
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>				
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.				
	ATES TO RENEW:			<b>Training Units</b>			
Certification Ty	ype Category		Class	Required			
TEMPORARY	WASTEWATER COLLECTION		2	24			
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name:			Phone #:	_			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner			
I am currently not operating any Facility			provide contractual services to the Facility				
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.				
Facility / Plant Na	me Cla	ass P	DWIS (Water) NP	DES (Wastewater)			



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned				I. Operator Certification Number: <b>12392</b>				
HATCHER	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$50					
	correct the City, state and ZIP Code. Please print legibly.							
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		piration date will nal late fees as		
I. CERTIFIC	CATES TO RENEW	• •			-	Fraining Units		
Certification <sup>-</sup>	Туре	Category		Class	1	Required		
TEMPORARY	ſ	WASTEWATER TREATMENT		5	4	15		
TEMPORARY	Y	WASTEWATER TREATMENT		А		24		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION						
Employer's Nam	le:			Phone #	#:			
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employ	ed by the H	Facility owner		
I am currently not operating any Facility			I pi	I provide contractual services to the Facility				
Please provide t	he following information al	oout each Facility/Plant that you opera	te. Use addtio	onal pages as nee	eded.			
Facility / Plant N	Jame		Class I	PDWIS (Water)	NPDES (	Wastewater)		



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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This is page on	e of a two page form. Both pages must be completed	and returned.	Operator Certification Number: 12393				
CATLETT	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				
			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 <sup>-</sup>	Type Category		Class	Required			
TEMPORARY	Y WATER TREATMENT	-	4	45			
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>						
Employer's Nam	le:		Phone #:				
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner			
I am currently not operating any Facility			I provide contractual services to the Facility				
Please provide t	he following information about each Facility/Plant that	you operate. Use add	tional pages as needed.				
Facility / Plant N	Jame	Class	PDWIS (Water) NPI	DES (Wastewater)			



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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one	of a two page form. Both pages must be completed and returned	. C	Operator Certification Number: 12394				
	Please enter you're current address on the lines below and, if necessar	ry,		ertification(s) shown below will expire on: 4/1			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	50			
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.				
	ATES TO RENEW:				ning Units		
Certification Ty	ype Category		Class	Requ	ired		
TEMPORARY	WASTEWATER COLLECTION		2	24			
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name	:		Phone #:				
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facili	ty owner		
I am currently not operating any Facility			provide contractual services to the Facility				
Please provide the	e following information about each Facility/Plant that you operate. U	Use addt	ional pages as needed	!			
Facility / Plant Na	ime	Class	PDWIS (Water) NP	DES (Wast	ewater)		



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one	of a two page form. Both pages	must be completed and returne	d. Ope	erator Certifcation	n Number: 12	2395
	Please enter you're current address on the lines below and, if necessar	sary,	Certification( below will		/1/2025	
correct the City, state and ZIP Code. Please print legibly		de. Please print legibly.		The fee to rer cert	new these <b>\$</b> 1	100
				<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration date</li> <li>result in an additional late feet</li> <li>described in Section V.</li> </ul>		tion date will ate fees as
I. CERTIFICA	TES TO RENEW:				Trair	ning Units
Certification Ty	pe Categ	ory		Class	Requ	uired
TEMPORARY	WATE	ER DISTRIBUTION		1	24	
TEMPORARY	WAS	TEWATER COLLECTION		2	24	
II. CURRENT F	MPLOYMENT INFORMA	TION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you currently o	perate:		I am employed	d by the Facili	ty owner
I am currently not	operating any Facility		I pro	ovide contractual	services to the	Facility
Please provide the	following information about each	h Facility/Plant that you operate.	Use addtion	nal pages as need	led.	
Facility / Plant Nar	ne		Class Pl	DWIS (Water)	NPDES (Wast	ewater)



## **III. CONTINUING EDUCATION:**

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Bot	h pages must be completed and	returned.	Operator Certifcation	on Number	12397
SCHUYLER	Please enter you're current address on the lines below and, if necessar	if necessary,		Certification(s) shown below will expire on: 4/1/2025		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100
				requirements	Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			г	raining Units
Certification 1	Гуре	Category		Class		Required
TEMPORARY	/	WASTEWATER COLLEC	TION	2	2	24
TEMPORARY	/	WATER DISTRIBUTION		1	2	24
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone 7	#:	
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employ	ed by the F	acility owner
I am currently no	ot operating any Facility		Ι	provide contractua	l services to	o the Facility
Please provide th	he following information al	oout each Facility/Plant that you	operate. Use addi	tional pages as nee	eded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Date

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This is page one	of a two page form. Both pages must be completed and returned.	O	perator Certifcation Nu	mber: 12398
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	у,	Certification(s) sl below will expi	
			The fee to renew certifica	\$50
			<ul> <li>requirements by the result in an address</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		3	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	I p	rovide contractual serv	ices to the Facility
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Facility / Plant Na	Cl	lass l	PDWIS (Water) NPD	ES (Wastewater)



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EDWARDS	Please enter you're current address on the lines below and, if necessary,	/,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an additional content of the result in a second content of t	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification	Гуре Category		Class	Required
TEMPORAR	WATER DISTRIBUTION		1	24
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant N	lame Cl	lass	PDWIS (Water) NPD	ES (Wastewater)



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• •	e of a two page form. Both pages must be completed and returne	ed. C	Derator Certifcation N	Number: <b>12400</b>
SUMMERS	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) below will ex	
			The fee to renev certifi	w these <b>\$50</b> cations:
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification	Гуре Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	_
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently no	ot operating any Facility	I	provide contractual se	rvices to the Facility
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Facility / Plant N	lame	Class	PDWIS (Water) NI	PDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one o	f a two page form. Both pages	must be completed and returned	d. Ope	erator Certifcatio	on Number	: 12401
	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	ary,	Certification below will	n(s) shown l expire on		
			The fee to re	enew these rtifications	\$50	
				Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.		piration date will nal late fees as
I. CERTIFICA	TES TO RENEW:				r	<b>Fraining Units</b>
Certification Ty	be Categ	jory		Class		Required
TEMPORARY	WAS	TEWATER TREATMENT		5	Z	15
TEMPORARY	WAS	TEWATER TREATMENT		А	2	24
II. CURRENT E	MPLOYMENT INFORMA	ATION				
Employer's Name:				Phone #	#:	
Number of Facilitie	s (or Plants) that you currently o	perate:		I am employ	ed by the F	acility owner
I am currently not o	perating any Facility		I pro	vide contractua	l services t	o the Facility
Please provide the	following information about eac	h Facility/Plant that you operate.	Use addtior	nal pages as nee	eded.	
Facility / Plant Nan	le		Class PI	OWIS (Water)	NPDES (	Wastewater)



## **III. CONTINUING EDUCATION:**

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Last 4 digits of Social Security Number

Email Address

Date

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

This is page one	of a two page form. Both	bages must be completed and re	turned.	Operator Certifcation	n Number:	12402
	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) show below will expire of		4/1/2025	
	correct the City, state and Z	the City, state and ZIP Code. Please print legibly.		The fee to rer cert	new these ifications:	\$50
				requirements result in ar	<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration data</li> <li>result in an additional late fee</li> <li>described in Section V.</li> </ul>	
	ATES TO RENEW:					raining Units
Certification T	ype O	Category		Class	R	equired
TEMPORARY	I	NDUSTRIAL WASTEWATE	ER	5	4	5
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ties (or Plants) that you curre	ntly operate:		I am employe	d by the Fa	cility owner
I am currently not	t operating any Facility		]	provide contractual	services to	the Facility
Please provide th	e following information abo	- ut each Facility/Plant that you op	erate. Use add	ltional pages as need	led.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	/astewater)



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This is page one	of a two page form. Both pages must be completed and returned.	C	perator Certifcation 1	Number:	12404	
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) show below will expire o		4/1/2025	
с	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50	
			<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration data</li> <li>result in an additional late fee</li> <li>described in Section V.</li> </ul>		iration date will al late fees as	
	ATES TO RENEW:				raining Units	
Certification T	ype Category		Class	R	equired	
TEMPORARY	WATER DISTRIBUTION		1	24	4	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fa	cility owner	
I am currently not	operating any Facility	I	provide contractual se	ervices to	the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Us	se addt	ional pages as needed	d.		
Facility / Plant Na	cl	lass	PDWIS (Water) N	PDES (W	Vastewater)	



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	nter you're current address on the lines below and, if necess	ary,	Certification(s) s below will exp	
correct th	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMPLO	DYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pl	ants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating	g any Facility	I p	rovide contractual serv	vices to the Facility
Please provide the following	ng information about each Facility/Plant that you operate.	Use addti	onal pages as needed.	
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	Please enter you're current address on the lines below and, if necessar	essary,	Certification( below will	
correct the City, state and	ZIP Code. Please print legibly.		The fee to rer cert	new these <b>\$100</b>
			requirements result in an	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFICATES TO RENEW:	<u>.</u>			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION	N	2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPLOYMENT INF	ORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you cur	rently operate:		I am employe	d by the Facility owner
I am currently not operating any Facility		I pi	rovide contractual	services to the Facility
Please provide the following information al	out each Facility/Plant that you operc	te. Use addtio	onal pages as need	led.
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DICKINSON	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) below will ex	
	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b> cations:
			<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration da result in an additional late feed</li> <li>described in Section V.</li> </ul>	
	CATES TO RENEW:			<b>Training Units</b>
Certification 7	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	x.		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently no	t operating any Facility	I pr	ovide contractual set	rvices to the Facility
Please provide th	the following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed	
Facility / Plant N	ame Cla	ass P	DWIS (Water) NF	PDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one o	f a two page form. Both pages must be completed and retu	rned. O	perator Certifcatio	on Number: 12408
	Please enter you're current address on the lines below and, if necessar	cessary,	Certification below will	n(s) shown l expire on: <b>4/1/2025</b>
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to rec	enew these <b>\$100</b> rtifications:
			<ul> <li>requirements result in a</li> </ul>	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Ty	be Category		Class	Required
TEMPORARY	WASTEWATER COLLECTIO	Ν	2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #	<b>#:</b>
Number of Facilitie	s (or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently not o	perating any Facility	Ιŗ	provide contractual	l services to the Facility
Please provide the	following information about each Facility/Plant that you oper	ate. Use addti	ional pages as nee	eded.
Facility / Plant Nan	ne	Class	PDWIS (Water)	NPDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one	Operato	perator Certifcation Number: 12410			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 4/1/20		
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren cert	new these	\$50
			Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		
	ATES TO RENEW:				raining Units
Certification Ty	vpe Category		Class	R	equired
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:	:	
Number of Facilit	ies (or Plants) that you currently operate:	Ι	am employe	d by the Fa	acility owner
I am currently not	operating any Facility	I provide	e contractual	services to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	addtional p	ages as need	led.	
Facility / Plant Na	me Clas	ss PDWI	S (Water)	NPDES (V	Vastewater)



## **III. CONTINUING EDUCATION:**

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one of a two page	form. Both pages must be completed and ret	urned. Oj	perator Certifcatior	n Number: 12411	
	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) shown below will expire on: <b>4/1/2025</b>		
correct the Cit	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>		
			requirements l result in an	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WASTEWATER TREATMEN	IT	5	45	
TEMPORARY	WASTEWATER TREATMEN	IT	А	24	
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants)	that you currently operate:		I am employed	d by the Facility owner	
I am currently not operating any	Facility	I p	rovide contractual	services to the Facility	
Please provide the following info	prmation about each Facility/Plant that you ope	rate. Use addti	onal pages as need	led.	
Facility / Plant Name		Class ]	PDWIS (Water)	NPDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 12412			
JACKSON	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$100				
	correct the City, state and ZIP Code. Please print legibly.						
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFIC	CATES TO RENEW:				Training Units		
Certification	Гуре Са	ategory		Class	Required		
TEMPORARY	Y W	ATER TREATMENT		4	45		
TEMPORARY	Y W	ASTEWATER TREATMENT		5	45		
TEMPORARY	Y W	ASTEWATER TREATMENT		Α	24		
II. CURRENT	<b>EMPLOYMENT INFOR</b>	MATION					
Employer's Nam	e:			Phone #:			
Number of Facil	ities (or Plants) that you curren	tly 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	he following information about	each Facility/Plant that you operate.	. Use addtion	al pages as needed.			
Facility / Plant N	lame		Class PE	OWIS (Water) NP	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

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This is page one	of a two page form. Both pages must be completed and returned.	OI	Operator Certification Number: 12413				
ROGERS	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 4/1/202				
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>				
			- requirements by result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.			
	ATES TO RENEW:			<b>Training Units</b>			
Certification T	ype Category		Class	Required			
TEMPORARY	INDUSTRIAL WASTEWATER		2	0			
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name			Phone #:				
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner			
I am currently not	t operating any Facility	I pi	rovide contractual serv	vices to the Facility			
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.				
Facility / Plant Na	ame Cla	ass I	PDWIS (Water) NPI	DES (Wastewater)			



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

This is page or	e of a two page form. Both page	s must be completed and returne	ed. Ope	erator Certifcatio	on Number:	1273
GACEK	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		sary,	Certification(s) shown below will expire on:4/1/2025The fee to renew these certifications:\$100		
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:				т	raining Units
Certification	Type Cate	gory		Class	R	equired
OPERATOR	WAS	STEWATER TREATMENT		5	3	0
OPERATOR	WAS	STEWATER TREATMENT		А	1	6
OPERATOR	WAT	TER TREATMENT		1	1	6
II. CURRENT	<b>FEMPLOYMENT INFORM</b>	ATION				
Employer's Nam	le:			Phone #	#:	
Number of Faci	ities (or Plants) that you currently	operate:		I am employ	red by the F	acility owner
I am currently n	ot operating any Facility		I pro	ovide contractua	l services to	the Facility
Please provide i	he following information about ea	ch Facility/Plant that you operate.	Use addtior	ial pages as nee	eded.	
Facility / Plant N	Vame		Class PI	OWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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### VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 1341			
JONES	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		ary,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$100			
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFI	CATES TO RENEW:				Training Units		
Certification	Type Cate	egory		Class	Required		
TEMPORAR	Y WA	TER TREATMENT		3	45		
TEMPORAR	Y WA	STEWATER TREATMENT		5	45		
TEMPORAR	Y WA	STEWATER TREATMENT		A	24		
II. CURRENT	<b>FEMPLOYMENT INFORM</b>	ATION					
Employer's Nam	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		I pro	vide contractual ser	vices to the Facility		
Please provide i	the following information about ec	ich Facility/Plant that you operate.	Use addtion	al pages as needed.			
Facility / Plant N	Vame		Class PE	WIS (Water) NP	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Bot	h pages must be completed and return	ned. Of	perator Certifcation	on Number:	1362
	Please enter you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 4/1/2025		4/1/2025
correct the City, state and	ZIP Code. Please print legibly.		The fee to rec	enew these tifications:	\$100
			Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.		oiration date will al late fees as
I. CERTIFICATES TO RENEW	<u> </u>			т	raining Units
Certification Type	Category		Class		equired
OPERATOR	INDUSTRIAL WASTEWATER		2	0	I
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	<i>t</i> :	
Number of Facilities (or Plants) that you cur	rrently operate:		I am employe	ed by the F	acility owner
I am currently not operating any Facility		I pi	rovide contractual	l services to	the Facility
Please provide the following information al	pout each Facility/Plant that you operat	e. Use addtio	onal pages as nee	ded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (V	Wastewater)



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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	Please enter you're current address on the lines below and, if necessar	ecessary,		Certification(s) shown below will expire on: 4/1/2025		
correct the	City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50	
			requirements result in a	Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICATES TO	<u>O RENEW:</u>			Т	raining Units	
Certification Type	Category		Class	R	equired	
OPERATOR	WASTEWATER TREATMEN	ΙT	А	10	6	
OPERATOR	WASTEWATER TREATMEN	IT	5	3	C	
II. CURRENT EMPLOY	MENT INFORMATION					
Employer's Name:			Phone 7	#:		
Number of Facilities (or Plant	ts) that you currently operate:		I am employ	ed by the Fa	cility owner	
I am currently not operating a	any Facility	Ij	provide contractua	l services to	the Facility	
Please provide the following	information about each Facility/Plant that you ope	erate. Use addt	ional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	/astewater)	



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	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 4/		4/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50
			<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat</li> <li>result in an additional late fees</li> <li>described in Section V.</li> </ul>		iration date will al late fees as
	CATES TO RENEW:			Т	raining Units
Certification <sup>-</sup>	Type Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	10	6
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Fa	cility owner
I am currently no	ot operating any Facility	Ιp	rovide contractual ser	vices to	the Facility
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.		
Facility / Plant N	Jame Cla	uss I	PDWIS (Water) NP	DES (W	/astewater)



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	Please enter you're current address on the lines below and, if necess	essary,	Certification(s below will e	
correct the City, state an	d ZIP Code. Please print legibly.		The fee to rend certif	ew these <b>\$50</b> fications:
			<ul> <li>requirements b result in an</li> </ul>	plete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIFICATES TO RENEW	<u>V:</u>			<b>Training Units</b>
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		А	16
OPERATOR	WASTEWATER TREATMENT		5	30
II. CURRENT EMPLOYMENT IN	FORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you c	urrently operate:		I am employed	by the Facility owner
I am currently not operating any Facility		I pr	ovide contractual s	ervices to the Facility
Please provide the following information of	ubout each Facility/Plant that you opera	te. Use addtio	nal pages as neede	ed.
Facility / Plant Name		Class P	DWIS (Water) N	IPDES (Wastewater)



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## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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

This is page one of a two page form. Bot	h pages must be completed and return	ed. Op	erator Certifcation	Number: 1681	
•	Please enter you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 4/1/2025		
correct the City, state and ZIP Code. Please print	ZIP Code. Please print legibly.		The fee to ren certi	ew these <b>\$50</b> fications:	
			requirements b result in an	pplete or submit renewal by the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES TO RENEW	<u>.</u>			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		А	7	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner	
I am currently not operating any Facility		I pr	ovide contractual s	ervices to the Facility	
Please provide the following information al	pout each Facility/Plant that you operate	e. Use addtio	nal pages as neede	ed.	
Facility / Plant Name		Class P	DWIS (Water) N	IPDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page on	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation	Number:	1810
BUTLER	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 4/		4/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications:	\$50
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.		oiration date will al late fees as
	CATES TO RENEW:				raining Units
Certification <sup>-</sup>	Type Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:	_	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	l by the Fa	acility owner
I am currently no	ot operating any Facility	I pr	ovide contractual s	services to	the Facility
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtio	nal pages as need	ed.	
Facility / Plant N	Tame Cla	ass P	DWIS (Water) N	NPDES (V	Vastewater)



## **III. CONTINUING EDUCATION:**

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one	of a two page form. Both pages must be completed and returned	I. (	Operator Certifcation Number: 1811			
	Please enter you're current address on the lines below and, if necessary	ıry,	Certification(s) below will ex			
corr	correct the City, state and ZIP Code. Please print legibly.		The fee to renev certifi	w these \$50 scations:		
			Failure to complete or submit re requirements by the expiration da result in an additional late fee described in Section V.			
	ATES TO RENEW:		_	<b>Training Units</b>		
Certification T	ype Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not	operating any Facility	Ι	provide contractual se	rvices to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. U	Use addi	tional pages as needed	<i>l</i> .		
Facility / Plant Na	me	Class	PDWIS (Water) NI	PDES (Wastewater)		



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Last 4 digits of Social Security Number

Email Address

Date

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This is page one	of a two page form. Both pages must be completed and return	ned. (	Operator Certifcation N	Jumber: <b>1863</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
cor	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifi	w these <b>\$50</b> cations:
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not	operating any Facility	Ι	provide contractual se	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	ite. Use addi	tional pages as needed	!.
Facility / Plant Na	ume	Class	PDWIS (Water) NF	DES (Wastewater)



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This is page one	e of a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 1906			
KUHNS	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		4/1/2025	
cc	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50	
			Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V.		oiration date will al late fees as	
	ATES TO RENEW:				raining Units	
Certification T	ype Category		Class	R	equired	
OPERATOR	WATER TREATMENT		3	3	0	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed l	by the Fa	acility owner	
I am currently no	t operating any Facility	I pr	ovide contractual se	rvices to	the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Use	se addtio	nal pages as needed	<i>d</i> .		
Facility / Plant N	ame Cl	lass P	DWIS (Water) NI	PDES (V	Vastewater)	



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Email Address

Date

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This is page one of	a two page form. Both pages must be complete	d and returned.	Operator Certification N	umber: 2120
	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.		ibly.	The fee to renew certific	v these <b>\$50</b>
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
SUPERINTENDE	NT WATER TREATMEN	IT	2	7
II. CURRENT EN	<b>IPLOYMENT INFORMATION</b>			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not op	erating any Facility		I provide contractual ser	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant the	at you operate. Use add	dtional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Both pages must be completed and returned.			returned.	Operator Certification	Number: 2132
	Please enter you're current address on the lines below and, if necessary,		if necessary,	Certification(s below will ex	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certif	ew these <b>\$50</b>
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	CATES TO RENEW:				Training Units
Certification <sup>-</sup>	Гуре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWA	TER	2	0
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility	7 _	I	provide contractual s	ervices to the Facility
Please provide t	he following information ab	out each Facility/Plant that you	operate. Use ada	ltional pages as neede	<i>d</i> .
Facility / Plant N	lame		Class	PDWIS (Water) N	PDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a two page form. Both pages must be completed and returned.			ned. Op	Operator Certification Number: 2203			
SHIELDS	Please enter you're current address on the lines below and, if necessa		essary,		Certification(s) shown below will expire on: <b>4/1/2025</b>		
CO	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	these <b>\$100</b>		
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFIC	CATES TO RENEW	<u>:</u>			<b>Training Units</b>		
Certification 7	Гуре	Category		Class	Required		
OPERATOR		WASTEWATER TREATMENT		3	30		
SUPERINTEN	IDENT	WATER TREATMENT		3	7		
SUPERINTEN	IDENT	WASTEWATER TREATMENT		3	7		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Name	ð:			Phone #:			
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner		
I am currently no	t operating any Facility		I pr	ovide contractual ser	vices to the Facility		
Please provide th	he following information a	bout each Facility/Plant that you opera	te. Use addtio	nal pages as needed.			
Facility / Plant N	ame		Class P	DWIS (Water) NP	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

• •	e of a two page form. Both pages must be completed and returned.	ed. Operator Certification Number: 2277				
BOWERSOX	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: <b>4/1/2025</b>			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>			
			requirements by the result in an additional content of the result in the resul	te or submit renewal ne expiration date will litional late fees as in Section V.		
	ATES TO RENEW:			Training Units		
Certification T	ype Category		Class	Required		
OPERATOR	WATER TREATMENT		5GW	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently no	t operating any Facility	Ιp	provide contractual servi	ces to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Use	e addti	ional pages as needed.			
Facility / Plant N	ame Cla	iss	PDWIS (Water) NPD	ES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a two page form. Bot	ed. O	d. Operator Certification Number: 2299				
	t address on the lines below and, if necess	ssary,	Certification(s) shown below will expire on: <b>4/1/2025</b>			
correct the City, state and ZIP Code. Please print legibly.				The fee to renew these certifications: <b>\$50</b>		
			<ul> <li>Failure to complete or submit reprint to complete or submit reprit to complete or submit reprint to complete or s</li></ul>		ation date will late fees as	
I. CERTIFICATES TO RENEW	<u>.</u>			Tra	uning Units	
Certification Type	Category		Class		quired	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7		
SUPERINTENDENT	WASTEWATER TREATMENT		А	7		
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #	<b>:</b>		
Number of Facilities (or Plants) that you cu	rrently operate:		I am employe	ed by the Fac	ility owner	
I am currently not operating any Facility		Ιp	rovide contractual	l services to t	he Facility	
Please provide the following information a	bout each Facility/Plant that you operate	e. Use addti	onal pages as nee	ded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wa	stewater)	



## **III. CONTINUING EDUCATION:**

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.			d. Operator Certification Number: 2376			
O'CONNOR	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		Certification(s) shown below will expire on: 4/1/2025 The fee to renew these			
				certifications: <b>\$100</b>		
			requirements by the result in an additional content of the result in a second content of the result in an additional content of the result in an additional content of the result in a second co	lete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFIC	ATES TO RENEW:			Training Units		
Certification T	ype Category		Class	Required		
OPERATOR	WASTEWATER TRE	ATMENT	5	30		
OPERATOR	WASTEWATER TRE	ATMENT	А	16		
TEMPORARY	WATER TREATMEN	Т	4	45		
OPERATOR	INDUSTRIAL WASTE	EWATER	2	0		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently no	t operating any Facility	I	provide contractual serv	ices to the Facility		
Please provide th	e following information about each Facility/Plant that	t you operate. Use addt	ional pages as needed.			
Facility / Plant N	ame	Class	PDWIS (Water) NPD	ES (Wastewater)		



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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- 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:

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page one of a two page form. Both pages must be completed and return				• Operator Certification Number: <b>2443</b>			
JENKINS	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		if necessary,	Certification(s) shown below will expire on: <b>4/1/2025</b>			
					The fee to renew these certifications: <b>\$50</b>		
				requirements result in a	omplete or submit renewal s by the expiration date will in additional late fees as ribed in Section V.		
	CATES TO RENEW:				<b>Training Units</b>		
Certification <sup>-</sup>	Гуре	Category		Class	Required		
OPERATOR		INDUSTRIAL WASTEWA	TER	6	16		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	e:			Phone #	<i>*</i> :		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employe	ed by the Facility owner		
I am currently no	ot operating any Facility	7	]	I provide contractual	l services to the Facility		
Please provide th	he following information ab	out each Facility/Plant that you	operate. Use add	dtional pages as nee	ded.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one	e of a two page form. Both pages must be completed and returned.	. Op	perator Certifcation	n Number:	2503
TAYLOR	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) shown below will expire on: 4/1/202		
	correct the City, state and ZIP Code. Please print legibly.		The fee to represent	new these	\$50
			- requirements result in a	submit renewal biration date will al late fees as ection V.	
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #	:	
Number of Facili	ties (or Plants) that you currently operate:		I am employe	d by the Fa	acility owner
I am currently not	t operating any Facility	I pi	rovide contractual	services to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. U	Use addtio	onal pages as need	led.	
Facility / Plant Na	ame	Class F	PDWIS (Water)	NPDES (V	Vastewater)



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Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Bot	ed. Op	Operator Certification Number: 2601			
	Please enter you're current address on the lines below and, if necess	ssary,	Certification(s) shown below will expire on: 4/1/202		
correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>		
			Failure to complete or submit requirements by the expiration result in an additional late described in Section		date will lees as
I. CERTIFICATES TO RENEW	<u>.</u>			Training	g Units
Certification Type	Category		Class	Require	d
TEMPORARY	WASTEWATER TREATMENT		А	24	
TEMPORARY	WASTEWATER TREATMENT		5	45	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	<b>!</b> :	
Number of Facilities (or Plants) that you cu	rrently operate:		I am employe	ed by the Facility o	wner
I am currently not operating any Facility		I pı	ovide contractual	l services to the Fac	cility
Please provide the following information a	pout each Facility/Plant that you operate	e. Use addtio	onal pages as need	ded.	
Facility / Plant Name		Class F	DWIS (Water)	NPDES (Wastewa	ter)



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2605			
	lease enter you're current address on the lines below and, if ne	cessary,		Certification(s) shown below will expire on: <b>4/1/2025</b>		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to represent	new these <b>\$50</b>		
			- requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ibed in Section V.		
I. CERTIFICA	TES TO RENEW:			Training Units		
Certification Typ	be Category		Class	Required		
OPERATOR	WASTEWATER TREATMEN	Т	5	30		
OPERATOR	WASTEWATER TREATMEN	Т	А	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employe	d by the Facility owner		
I am currently not o	perating any Facility	I pi	rovide contractual	services to the Facility		
Please provide the j	following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as need	led.		
Facility / Plant Nam	ne	Class I	PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

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This is page one	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation 1	Number:	2607
MILLER	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) shown below will expire on:		4/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these ications:	\$50
			requirements by result in an a	y the exp addition	submit renewal biration date will al late fees as ection V.
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	by the Fa	acility owner
I am currently not	t operating any Facility	I pr	ovide contractual se	ervices to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed	d.	
Facility / Plant Na	ame Cla	ass P	DWIS (Water) N	PDES (V	Vastewater)



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This is page one of a two page form. Both pages must be completed and returned.			• Operator Certification Number: <b>2614</b>			
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	f necessary,		Certification(s) shown below will expire on: 4/1/2025		
correct th			The fee to re cer	enew these <b>\$50</b>		
			requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
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Certification Type	Category		Class	Required		
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OPERATOR	WASTEWATER TREATM	ENT	А	16		
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Employer's Name:			Phone #	<i>!</i> :		
Number of Facilities (or Pla	ants) that you currently operate:		I am employe	ed by the Facility owner		
I am currently not operating	g any Facility	Ιŗ	provide contractual	l services to the Facility		
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This is page or	This is page one of a two page form. Both pages must be completed and return		Derator Certifcation Nu	umber: 2624
LOPORTO	Please enter you're current address on the lines below and, if necessary	у,	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 he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>			
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 ne	ot operating any Facility	Ij	provide contractual serv	vices to the Facility
Please provide i	he following information about each Facility/Plant that you operate. Us	se addt	ional pages as needed.	
Facility / Plant N	Vame C	Class	PDWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page on	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation	on Number: 2634	
GALLEHER	Please enter you're current address on the lines below and, if necessary,	·,	Certification(s) shown below will expire on:		4/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rer cert	new these ifications:	\$50
			requirements result in an	by the exp	submit renewal piration date will al late fees as ection V.
	CATES TO RENEW:				raining Units
Certification <sup>-</sup>	Type Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:	: 	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	d by the F	acility owner
I am currently no	ot operating any Facility	I pr	ovide contractual	services to	o the Facility
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtio	onal pages as need	led.	
Facility / Plant N	Tame Cla	ass P	DWIS (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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This is page one of a two page form. Both pages must be completed and returned			Operator Certifcation Number: 2668			
	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.	ssary,		Certification(s) shown below will expire on: 4/1/2025		
			The fee to re cer	enew these tifications:	\$100	
			requirements – result in a	by the exp	submit renewal biration date will al late fees as ection V.	
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	R	equired	
TEMPORARY	WASTEWATER TREATMENT		А	2	4	
TEMPORARY	WATER TREATMENT		2	2	4	
TEMPORARY	WASTEWATER TREATMENT		5	4	5	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #	<i>t</i> :		
Number of Facilit	ies (or Plants) that you currently operate:		I am employe	ed by the Fa	acility owner	
I am currently not	operating any Facility	Ιp	provide contractual	l services to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate	e. Use addti	onal pages as need	ded.		
Facility / Plant Na	me	Class	PDWIS (Water)	NPDES (V	Vastewater)	



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as
requirements by the expiration date w result in an additional late fees as
described in Section V.
I. CERTIFICATES TO RENEW: Training Units
Certification Type Category Class Required
TEMPORARY WATER TREATMENT 1 24
TEMPORARY WASTEWATER TREATMENT 3 45
II. CURRENT EMPLOYMENT INFORMATION
Employer's Name: Phone #:
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner
I am currently not operating any Facility I provide contractual services to the Facility
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This is page on	e of a two page form. Both pages must be	completed and returned.	Operator Certification	Number: 2789
MEUSHAW	Please enter you're current address on the		Certification(s) below will ex	
	correct the City, state and ZIP Code. Pleas	e print legibly.	The fee to rene certif	w these <b>\$50</b>
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	CATES TO RENEW:			Training Units
Certification	Гуре Category		Class	Required
OPERATOR	INDUSTRIA	L WASTEWATER	2	0
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Facility owner
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Facility / Plant N	lame	Class	PDWIS (Water) N	PDES (Wastewater)



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This is page one of a two page form. Bo	th pages must be completed and return	ed. Op	erator Certifcation N	Number: 2817	
•	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) below will exp		
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I. CERTIFICATES TO RENEW	·			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		А	16	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner	
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Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



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Email Address

Date

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Bot	Operator Certifcation Number: <b>2855</b>			
	t address on the lines below and, if neces	ssary,	Certification below will	
correct the City, state and	rrect the City, state and ZIP Code. Please print legibly.		The fee to ren cert	new these fications: <b>\$50</b>
			requirements result in ar	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFICATES TO RENEW	<u> </u>			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WATER TREATMENT		2	16
II. CURRENT EMPLOYMENT INF	ORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you cu	rrently operate:		I am employe	d by the Facility owner
I am currently not operating any Facility		I pr	ovide contractual	services to the Facility
Please provide the following information a	bout each Facility/Plant that you operate	e. Use addtio	onal pages as need	led.
Facility / Plant Name		Class P	DWIS (Water)	NPDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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	Operator Certifcation Number: 2888			
	pu're current address on the lines below and, if nec	essary,	Certification(s) s below will exp	
correct the City	y, state and ZIP Code. Please print legibly.		The fee to renew certific	850
	CERTIFICATES TO RENEW.		requirements by result in an ac	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES TO				<b>Training Units</b>
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER TREATMENT		4	7
II. CURRENT EMPLOYM	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any	Facility	I	provide contractual ser	vices to the Facility
Please provide the following info	ormation about each Facility/Plant that you opera	te. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

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This is page one	of a two page form. Both pages must be complete	ed and returned.	Operator Certifcation Number: 2951			
	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 leg	gibly.	The fee to renew certifica	\$50		
			— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	ATES TO RENEW:			<b>Training Units</b>		
Certification T	ype Category		Class	Required		
OPERATOR	WATER TREATMEN	NT	4	30		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not	operating any Facility	]	I provide contractual serv	rices to the Facility		
Please provide th	e following information about each Facility/Plant th	at you operate. Use add	dtional pages as needed.			
Facility / Plant Na	ume	Class	PDWIS (Water) NPE	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Both pages must be completed and returned.	C	Operator Certifcation N	umber:	3007	
BLACK, JR.	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	,	Certification(s) shown below will expire on: 4/1/202			
			The fee to renew these certifications: <b>\$50</b>			
		Failure to complete requirements by the result in an addit described in		the expin dditional	expiration date will tional late fees as	
	CATES TO RENEW:				ining Units	
Certification 7	Type Category		Class	Re	quired	
TEMPORARY	WATER TREATMENT		3	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e:		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed b	y the Fac	ility owner	
I am currently no	t operating any Facility	I	provide contractual ser	vices to t	he Facility	
Please provide th	he following information about each Facility/Plant that you operate. Use	e addi	tional pages as needed.			
Facility / Plant N	Tame Cla	ass	PDWIS (Water) NP	DES (Wa	istewater)	



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	of a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 3037				
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) shown below will expire on: 4/1/20				
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>				
			Failure to complete or sul requirements by the expira result in an additional l described in Secti		on date will e fees as		
	ATES TO RENEW:		-		ing Units		
Certification T	ype Category		Class	Requi	red		
OPERATOR	INDUSTRIAL WASTEWATER		2	0			
II. CURRENT	EMPLOYMENT INFORMATION						
Employer's Name			Phone #:				
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility	/ owner		
I am currently not	operating any Facility	I pi	rovide contractual ser	rvices to the l	Facility		
Please provide the	e following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed				
Facility / Plant Na	me C	Class I	PDWIS (Water) NP	DES (Waste	water)		



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

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Email Address

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: <b>3074</b>			
O'DONNELL	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.	ecessary,		Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$100			
				<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration data result in an additional late fees a</li> <li>described in Section V.</li> </ul>		oiration date will al late fees as	
I. CERTIFIC	ATES TO RENEW:				т	raining Units	
Certification T	уре	Category		Class		equired	
OPERATOR		WATER DISTRIBUTION		1	1	6	
OPERATOR		WASTEWATER COLLECTIO	NC	2	1	6	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone #	<b>#:</b>		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employ	ed by the Fa	acility owner	
I am currently not	t operating any Facility		Ιŗ	provide contractua	l services to	the Facility	
Please provide th	e following information ab	out each Facility/Plant that you ope	erate. Use addti	ional pages as nee	ded.		
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	Vastewater)	



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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a	two page form. Both pages must be completed and return	ed. Op	d. Operator Certification Number: <b>3136</b>			
	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$50			
corre						
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		iration date will al late fees as	
I. CERTIFICATE	ES TO RENEW:			Т	raining Units	
Certification Type	Category		Class	Re	equired	
TEMPORARY	WASTEWATER TREATMENT		5	45	5	
TEMPORARY	WASTEWATER TREATMENT		А	24	1	
II. CURRENT EMI	PLOYMENT INFORMATION					
Employer's Name:			Phone #	<i>#</i> :		
Number of Facilities (o	r Plants) that you currently operate:		I am employ	ed by the Fa	cility owner	
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide the follo	owing information about each Facility/Plant that you operate	e. Use addtio	onal pages as nee	ded.		
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (W	vastewater)	



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page on	e of a two page form. Both pages must be completed and returned.	0	Operator Certification Number: 3242			
HUGHES	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ν,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$50			
			requirements by result in an ac	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units		
Certification <sup>-</sup>	Гуре Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently no	ot operating any Facility	I p	provide contractual ser-	vices to the Facility		
Please provide th	he following information about each Facility/Plant that you operate. Us	se addti	onal pages as needed.			
Facility / Plant N	lame Cl	lass	PDWIS (Water) NPI	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Bot	ed. Op	Operator Certification Number: <b>3243</b>				
	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$50			
correct the City, state and						
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW	<u>.</u>			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner		
I am currently not operating any Facility		I pr	ovide contractual set	rvices to the Facility		
Please provide the following information al	pout each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<i>.</i>		
Facility / Plant Name		Class P	DWIS (Water) NP	PDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	of a two page form. Both pages must be completed and returned.	Operate	or Certifcati	on Number:	3278	
RUTH JR	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		4/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to r ce	enew these ertifications:	\$50	
			Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.			
	ATES TO RENEW:				raining Units	
Certification T	ype Category		Class	R	equired	
TEMPORARY	WATER TREATMENT		5	2	4	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone	#:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employ	yed by the F	acility owner	
I am currently not	operating any Facility	I provid	le contractua	al services to	the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Use	addtional	pages as ne	eded.		
Facility / Plant Na	Clas	ss PDW	YIS (Water)	NPDES (V	Vastewater)	



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This is page one	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation Nu	mber: 3385	
MCNEAL	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 4/1		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	£20	
			<ul> <li>Failure to complete or submit rend</li> <li>requirements by the expiration data result in an additional late fees a</li> <li>described in Section V.</li> </ul>		
	CATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility	I pr	ovide contractual serv	vices to the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.		
Facility / Plant N	ame C.	lass P	DWIS (Water) NPD	DES (Wastewater)	



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This is page on	e of a two page form. Both pages must be completed and return	ed. Opera	Operator Certifcation Number: 3411			
PFALLER	Please enter you're current address on the lines below and, if necessary		Certification(s) shown below will expire on: 4/1/2025			
со	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$100</b> cations:		
			Failure to complete or submit rener requirements by the expiration date result in an additional late fees a described in Section V.			
I. CERTIFIC	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently no	ot operating any Facility	I prov	ide contractual ser	rvices to the Facility		
Please provide t	he following information about each Facility/Plant that you operate	e. Use addtiona	l pages as needed			
Facility / Plant N	Jame	Class PD	WIS (Water) NP	DES (Wastewater)		



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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

• •	two page form. Both pages must be completed and returned	d. (	Operator Certification Number: 3421				
	se enter you're current address on the lines below and, if necess	ary,	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 ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.			
I. CERTIFICAT				Training Units			
Certification Type	Category		Class	Required			
OPERATOR	WASTEWATER COLLECTION		2	16			
II. CURRENT EM	PLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilities (	or Plants) that you currently operate:		I am employed by	y the Facility owner			
I am currently not open	rating any Facility	Ι	provide contractual serv	vices to the Facility			
Please provide the foll	owing information about each Facility/Plant that you operate.	Use add	tional pages as needed.				
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)			



# **III. CONTINUING EDUCATION:**

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- 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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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page on	e of a two page form. Both pages must be completed and returned.	. Op	erator Certifcation	Number:	3454	
BENSEL III	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		4/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications:	\$50	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.			
	CATES TO RENEW:				raining Units	
Certification	Type Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed	l by the Fa	cility owner	
I am currently no	ot operating any Facility	I pr	ovide contractual s	services to	the Facility	
Please provide t	he following information about each Facility/Plant that you operate. U	Jse addtio	onal pages as neede	ed.		
Facility / Plant N	Jame C	Class P	DWIS (Water) N	NPDES (V	Vastewater)	



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	of a two page form. Both pages	must be completed and return	ned. O	perator Certifcation N	lumber: <b>3477</b>
	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) below will exp		
	correct the City, state and ZIP Co	prrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b> cations:
				<ul> <li>requirements by result in an a</li> </ul>	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:				<b>Training Units</b>
Certification T	ype Cate	Jory		Class	Required
OPERATOR	WAS	TEWATER COLLECTION	l	2	16
II. CURRENT	EMPLOYMENT INFORM	ATION			
Employer's Name				Phone #:	
Number of Facilit	ies (or Plants) that you currently of	operate:		I am employed b	by the Facility owner
I am currently not	operating any Facility		Ιp	provide contractual ser	rvices to the Facility
Please provide the	e following information about eac	ch Facility/Plant that you operat	te. Use addti	onal pages as needed	·
Facility / Plant Na	me		Class	PDWIS (Water) NP	DES (Wastewater)



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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This is page one of a two page form. Both pages must be completed and returned.			rned. Of	• Operator Certification Number: <b>3492</b>			
WILKERSON	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	cessary,		Certification(s) shown below will expire on: <b>4/1/2025</b>			
	correct the City, state and	Zir Code. riease print legioly.			The fee to renew these certifications: <b>\$50</b>		
				- requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	ATES TO RENEW	<u>.</u>			1	raining Units	
Certification T	ӯре	Category		Class		Required	
TEMPORARY		WASTEWATER TREATMENT	Г	5	4	-5	
TEMPORARY		WASTEWATER TREATMEN	Г	А	2	24	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Name	:			Phone #	#:		
Number of Facili	ties (or Plants) that you cur	rrently operate:		I am employ	ed by the F	acility owner	
I am currently not	t operating any Facility		I pi	I provide contractual services to the Facility			
Please provide th	e following information al	bout each Facility/Plant that you oper	ate. Use addtio	onal pages as nee	eded.		
Facility / Plant Na	ame		Class I	PDWIS (Water)	NPDES (V	Wastewater)	



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This is page or	e of a two page form. Both pages must be completed and retur	ned.	Operator Certifcation N	umber: 3523	
DOWLING	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	
			<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration date</li> <li>result in an additional late fees a</li> <li>described in Section V.</li> </ul>		
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently ne	ot operating any Facility	I	provide contractual ser	vices to the Facility	
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Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)	



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	This is page one	e of a two page form. Both pages must be completed and returned.	Operator Certification Number:	3700	
	BARNHART	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	4/1/2025	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100		

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

	TT'TA7-	ucscribed in Section V.			
I. CERTIFICATES TO REN Certification Type	<u>TEW:</u> Category	(	Class	Training Units Required	
OPERATOR	WASTEWATER TREATMENT	Ę	5	30	
SUPERINTENDENT	WASTEWATER TREATMENT	Ę	5	7	
SUPERINTENDENT	WASTEWATER TREATMENT	2	4	7	
SUPERINTENDENT	WATER TREATMENT	2	4	7	
OPERATOR	WASTEWATER TREATMENT	6	6	16	
OPERATOR	WASTEWATER TREATMENT	2	4	30	
OPERATOR	WATER TREATMENT	2	4	30	
OPERATOR	WATER TREATMENT	-	1	16	
OPERATOR	INDUSTRIAL WASTEWATER	7	7	16	
OPERATOR	INDUSTRIAL WASTEWATER	2	2	0	
OPERATOR	WASTEWATER COLLECTION	2	2	16	
OPERATOR	WASTEWATER TREATMENT	ŀ	4	16	
OPERATOR	WATER TREATMENT	Ę	5GW	16	
II. CURRENT EMPLOYMENT	INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that y	ou currently operate:	I am	employed by t	he Facility owner	
I am currently not operating any Facility I provide contractual services to the Facility					
Please provide the following information about each Facility/Plant that you operate. Use additonal pages as needed.					
Facility / Plant Name		Class PDWIS (V	Water) NPDI	ES (Wastewater)	



# **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcatior	n Number:	3760	
	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) shown below will expire on		4/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rer cert	new these ifications:	\$50	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.			
	ATES TO RENEW:				raining Units	
Certification Ty	vpe Category		Class	R	equired	
TEMPORARY	WATER TREATMENT		G	7	,	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:	:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	d by the F	acility owner	
I am currently not	operating any Facility	I pr	ovide contractual	services to	o the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as need	led.		
Facility / Plant Na	me Cla	ass P	DWIS (Water)	NPDES (V	Wastewater)	



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Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 4035			
KOERNER	Please enter you're current address on the lines below and, if necessar		if necessary,		Certification(s) shown below will expire on: 4/1/2025		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
				requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	CATES TO RENEW:	<u>L</u>			т	raining Units	
Certification 1	Гуре	Category		Class		Required	
OPERATOR		WASTEWATER COLLEC	TION	2	1	6	
OPERATOR		WATER DISTRIBUTION		1	1	6	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	e:			Phone #	<b>#:</b>		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently no	t operating any Facility	]	II	provide contractua	l services to	o the Facility	
Please provide th	he following information ab	out each Facility/Plant that you	operate. Use addt	ional pages as nee	eded.		
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Last 4 digits of Social Security Number

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This is page one o	f a two page form. Both pages must be completed and return	ned. Op	erator Certifcation	on Number: 4058	
	Please enter you're current address on the lines below and, if necess	ssary,	Certification(s) shown below will expire on: <b>4/1/2025</b>		
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b>		
			Failure to complete or subm requirements by the expirate result in an additional lat described in Section		
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #	<i>t</i> :	
Number of Facilitie	s (or Plants) that you currently operate:		I am employe	ed by the Facility owner	٦
I am currently not o	perating any Facility	I pr	ovide contractual	l services to the Facility	Ī
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This is page on	e of a two page form. Both pages must be compl	eted and returned.	Operator Certification N	umber: <b>4178</b>	
CHAPMON	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	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification <sup>-</sup>	Гуре Category		Class	Required	
OPERATOR	INDUSTRIAL WAS	STEWATER	2	0	
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility		I provide contractual ser	vices to the Facility	
Please provide t	he following information about each Facility/Plant	that you operate. Use add	dtional pages as needed.		
Facility / Plant N	lame	Class	PDWIS (Water) NP	DES (Wastewater)	



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This is page one of a tw	vo page form. Both pages must be completed and returne	ed. Ope	rator Certifcation N	umber: <b>4466</b>	
	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) shown below will expire on: The fee to renew these certifications: <b>\$50</b>		
correct					
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPL	<b>LOYMENT INFORMATION</b>				
Employer's Name:			Phone #:		
Number of Facilities (or l	Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operati	ing any Facility	I pro	vide contractual ser	vices to the Facility	
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Please verify your information shown on this application and make any corrections as needed.

This is page one	of a two page form. Both pa	ges must be completed and returne	ed. Op	erator Certifcatio	on Number	: <b>4855</b>
	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$50			
C						
				<ul> <li>Failure to complete or submit r</li> <li>requirements by the expiration or result in an additional late fe</li> <li>described in Section V.</li> </ul>		piration date will nal late fees as
I. CERTIFICA	ATES TO RENEW:					Training Units
Certification Ty	rpe Ca	itegory		Class	I	Required
OPERATOR	W	ASTEWATER TREATMENT		5	:	30
OPERATOR	W	ASTEWATER TREATMENT		А		16
II. CURRENT I	EMPLOYMENT INFOR	MATION				
Employer's Name:				Phone 7	#:	
Number of Faciliti	es (or Plants) that you current	ly operate:		I am employ	red by the l	Facility owner
I am currently not	operating any Facility		I pr	ovide contractua	l services	to the Facility
Please provide the	following information about	each Facility/Plant that you operate.	Use addtio	nal pages as nee	eded.	
Facility / Plant Na	ne		Class P	DWIS (Water)	NPDES (	Wastewater)



# **III. CONTINUING EDUCATION:**

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

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

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

Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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## VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one	of a two page form. Both pages must be completed and returne	e <b>d.</b> O	perator Certifcation N	umber: <b>4957</b>	
	ease enter you're current address on the lines below and, if necessa	sary,	Certification(s) s below will exp		
correct the C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
		requirements result in a		mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
I. CERTIFICA	ATES TO RENEW:			<b>Training Units</b>	
Certification Ty	/pe Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility	Ιp	provide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.		
Facility / Plant Nat	me	Class	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a	two page form. Both pages must be completed and returned	ed. Ope	erator Certifcatio	n Number:	5028
	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) shown below will expire on: 4/1/2025		
corr			The fee to renew these certifications:       \$50         Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.		\$50
					ration date will late fees as
I. CERTIFICAT	<u>ES TO RENEW:</u>			Tra	aining Units
Certification Type	Category		Class		quired
OPERATOR	WATER TREATMENT		5	16	
OPERATOR	WATER TREATMENT		1	16	
II. CURRENT EM	PLOYMENT INFORMATION				
Employer's Name:			Phone #	:	
Number of Facilities (	or Plants) that you currently operate:		I am employe	d by the Fac	ility owner
I am currently not ope	rating any Facility	I pro	ovide contractual	services to t	he Facility
Please provide the fol	lowing information about each Facility/Plant that you operate	. Use addtion	nal pages as need	ded.	
Facility / Plant Name		Class Pl	OWIS (Water)	NPDES (Wa	astewater)



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Name and Certification Number of Operator in Responsible Charge:

# V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Bot	h pages must be completed and return	ed. Op	erator Certifcation N	Number: 5033	
	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.	sary,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$50		
correct the City, state and					
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW	<u>.</u>			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		I pr	ovide contractual se	rvices to the Facility	
Please provide the following information al	pout each Facility/Plant that you operate	. Use addtio	nal pages as needea	1.	
Facility / Plant Name		Class P	DWIS (Water) NF	PDES (Wastewater)	



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	5284
WELLER, JR.	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	4/1/2025
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100
		Failure to complete or s	submit renewal

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

I. CERTIFICATES TO I	RENEW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	5GW	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
TEMPORARY	WASTEWATER TREATMENT	6	24

## **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:	Phone #:
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner
I am currently not operating any Facility	I provide contractual services to the Facility
Please provide the following information about each Facility/Plant that yo	nu operate. Use addtional pages as needed.
Facility / Plant Name	Class PDWIS (Water) NPDES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned. Operator Certi	Operator Certification Number: 5292			
Please enter you're current address on the lines below and, if necessary, below	$\begin{array}{l} \text{cation(s) shown} \\ \text{w will expire on:}  4/1/2 \end{array}$	2025		
correct the City, state and ZIP Code. Please print legibly. The fee	e to renew these certifications: <b>\$50</b>			
require resu	to complete or submit i nents by the expiration it in an additional late fo described in Section V.	date will ees as		
I. CERTIFICATES TO RENEW:	Training			
Certification Type Category Cla	ass Required	ł		
OPERATOR WATER DISTRIBUTION 1	16			
II. CURRENT EMPLOYMENT INFORMATION				
Employer's Name: Pł	none #:			
Number of Facilities (or Plants) that you currently operate: I am en	ployed by the Facility ov	vner		
I am currently not operating any Facility I provide contr	provide contractual services to the Facility			
Please provide the following information about each Facility/Plant that you operate. Use additonal pages a	s needed.			
Facility / Plant NameClassPDWIS (Wa	ter) NPDES (Wastewat	er)		



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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 5842			
MILLER, JR.	Please enter you're current address on the lines below a		Certification(s) below will ex			
	correct the City, state and ZIP Code. Please print legible	ly.	The fee to rener certifi	w these <b>\$100</b> cations:		
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.		
	CATES TO RENEW:			<b>Training Units</b>		
Certification 7	Гуре Category		Class	Required		
OPERATOR	WASTEWATER TREA	TMENT	3	30		
OPERATOR	INDUSTRIAL WASTE	NATER	2	0		
OPERATOR	WATER TREATMENT		1	16		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facili	ities (or Plants) that you currently operate:		I am employed l	by the Facility owner		
I am currently no	ot operating any Facility	I	provide contractual se	rvices to the Facility		
Please provide th	he following information about each Facility/Plant that	you operate. Use addt	ional pages as needed	l.		
Facility / Plant N	lame	Class	PDWIS (Water) NI	PDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a two page form. Both pages must be completed and returned			nd returned.	Operator Certifcation Number: 5951			
NATARIAN	Please enter you're current address on the lines below and, if necessar			Certification(s) shown below will expire on:		4/1/2025	
	correct the City, state and	ZIP Code. Please print legibly		The fee to re cer	new these tifications:	\$50	
				Failure to complete or subm requirements by the expiration result in an additional late described in Section		iration date will I late fees as	
	<u>CATES TO RENEW</u>	_				aining Units	
Certification 7	Гуре	Category		Class	Re	equired	
OPERATOR		INDUSTRIAL WASTEW	/ATER	2	0		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Nam	e:			Phone #	:		
Number of Facili	ities (or Plants) that you cu	rrently operate:		I am employe	ed by the Fa	cility owner	
I am currently no	ot operating any Facility	7		I provide contractual	services to	the Facility	
Please provide th	he following information a	bout each Facility/Plant that ye	ou operate. Use add	dtional pages as need	ded.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (W	astewater)	



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

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This is page one of a two page form. Both pages must be completed and returned. Ope			erator Certifcation Number: 6620			
YEAKLE	2	t address on the lines below and, if necess	ary,	Certification(s) shown below will expire on: 4/1/2025 The fee to renew these certifications: \$100 Failure to complete or submit renewa requirements by the expiration date with result in an additional late fees as described in Section V.		
	correct the City, state and	ZIP Code. Please print legibly.				
	<u>CATES TO RENEW</u> –	_		-	Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
SUPERINTE	NDENT	WASTEWATER TREATMENT		5	7	
SUPERINTE	NDENT	WASTEWATER TREATMENT		А	7	
II. CURRENT	T EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by the Facility owner		
I am currently n	ot operating any Facility		I pro	vide contractual ser	rvices to the Facility	
Please provide i	the following information a	bout each Facility/Plant that you operate.	Use addtion	al pages as needed		
Facility / Plant M	Name		Class PI	OWIS (Water) NP	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Email Address

Date

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This is page one	of a two page form. Both pages must be completed and retur	ned. Op	perator Certifcation N	lumber: 6657
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$100</b>
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
OPERATOR	WASTEWATER COLLECTION	1	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I pr	rovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant Na	me	Class P	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Bot	ed. Op	Operator Certifcation Number: 6867			
	Please enter you're current address on the lines below and, if necessar		Certification(s) below will ex		
correct the City, state and	ZIP Code. Please print legibly.		The fee to renev certifi	w these <b>\$50</b> cations:	
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW	<u>.</u>			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
SUPERINTENDENT	WASTEWATER TREATMENT		A	7	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		I pr	ovide contractual se	rvices to the Facility	
Please provide the following information al	pout each Facility/Plant that you operate	e. Use addtio	nal pages as needea	<i>l</i> .	
Facility / Plant Name		Class P	DWIS (Water) NI	PDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned			• Operator Certification Number: <b>7216</b>			
5	Please enter you're current address on the lines below and, if necess			Certification(s) shown below will expire on: 4/1/2025		
correct the City, state an	d ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
			<ul> <li>Failure to complete or submit r</li> <li>requirements by the expiration of result in an additional late fe</li> <li>described in Section V.</li> </ul>		ration date will I late fees as	
I. CERTIFICATES TO RENEW	<u>V:</u>			Tr	aining Units	
Certification Type	Category		Class		quired	
SUPERINTENDENT	WATER TREATMENT		1	7		
SUPERINTENDENT	WASTEWATER TREATMENT		1	7		
II. CURRENT EMPLOYMENT IN	FORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plants) that you c	urrently operate:		I am employ	ed by the Fa	cility owner	
I am currently not operating any Facility		Ιŗ	orovide contractua	l services to	the Facility	
Please provide the following information	about each Facility/Plant that you operc	te. Use addti	ional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one of a two page form. Both pages must be completed and returned. O				Dperator Certifcation Number: 7233			
HUTCHINS	Please enter you're current address on the lines below and, if necessary		necessary,	Certification(s) shown below will expire on:		4/1/2025	
correct the City, state and ZIP Code.		P Code. Please print legibly.			The fee to renew these certifications: <b>\$50</b>		
				Failure to complete or subm requirements by the expirate result in an additional lat described in Section		iration date will al late fees as	
	CATES TO RENEW:					raining Units	
Certification 7	Гуре С	ategory		Class	R	equired	
TEMPORARY	۷ V	ASTEWATER COLLECTI	ON	2	2	4	
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Nam	e:			Phone #	:		
Number of Facili	ties (or Plants) that you current	ntly operate:		I am employe	ed by the Fa	cility owner	
I am currently no	t operating any Facility		]	provide contractual services to the Facility			
Please provide th	he following information abou	t each Facility/Plant that you op	erate. Use add	ltional pages as need	ded.		
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (W	Vastewater)	



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Email Address

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This is page one of	a two page form. Both pages must be completed and returned.	Derator Certification Number: 7315			
ROBERTS, JR. Ple	ase enter you're current address on the lines below and, if necessar	у,	Certification(s) shown below will expire on: 4/1/2		
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
		requirements by the result in an addit		ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
	TES TO RENEW:			Training Units	
Certification Type	e Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EN	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 op	erating any Facility	Ιp	provide contractual services to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you operate. U	lse addti	onal pages as needed.		
Facility / Plant Name	C	Class	PDWIS (Water) NPI	DES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 7384			
LATCHUM	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) below will ex			
				The fee to rene certifi	w these <b>\$100</b> cations:		
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.		
I. CERTIFIC	CATES TO RENEW	/ <u> </u>		4000110	Training Units		
Certification <sup>•</sup>	Туре	Category		Class	Required		
OPERATOR		WASTEWATER TREATMENT		А	16		
SUPERINTE	NDENT	WASTEWATER TREATMENT		5	7		
OPERATOR		WATER TREATMENT		2	16		
OPERATOR		WASTEWATER TREATMENT		5	30		
II. CURRENT	<b>FEMPLOYMENT INF</b>	FORMATION					
Employer's Nam	ne:			Phone #:			
Number of Facil	ities (or Plants) that you cu	irrently operate:		I am employed l	by the Facility owner		
I am currently no	ot operating any Facility		I pr	ovide contractual se	rvices to the Facility		
Please provide t	he following information a	bout each Facility/Plant that you operate	e. Use addtio	nal pages as needed	l		
Facility / Plant N	Jame		Class P	DWIS (Water) NI	PDES (Wastewater)		



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Email Address

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This is page o	ne of a two page form. Both pages must be completed and return	ed. Ope	perator Certifcation Number: 7468		
PIERCE	Please enter you're current address on the lines below and, if necessary	ssary,	Certification(s below will e		
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these <b>\$100</b> fications:	
			requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES TO RENEW:				Training Units	
Certification	Type Category		Class	Required	
TEMPORAR	WATER DISTRIBUTION		1	24	
OPERATOR	WATER TREATMENT		2	16	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nat	me:		Phone #:		
Number of Fac	ilities (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently 1	not operating any Facility	I pro	ovide contractual s	ervices to the Facility	
Please provide	the following information about each Facility/Plant that you operate	e. Use addtion	nal pages as neede	ed.	
Facility / Plant	Name	Class Pl	DWIS (Water) N	IPDES (Wastewater)	



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LAIRD	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(s) shown below will expire on: <b>4/1/2025</b>			
co				The fee to re	enew these rtifications:	\$100	
				requirements result in a	s by the exp	submit renewal piration date will al late fees as ection V.	
I. CERTIFIC	CATES TO RENEV	<u>V:</u>			т	raining Units	
Certification 7	Гуре	Category		Class	R	Required	
OPERATOR		WASTEWATER COLLECTION	١	2	1	6	
OPERATOR		WATER DISTRIBUTION		1	1	6	
SUPERINTEN	NDENT	WATER DISTRIBUTION		1	7	,	
II. CURRENT	EMPLOYMENT IN	FORMATION					
Employer's Name	e:			Phone	#:		
Number of Facili	ities (or Plants) that you c	urrently operate:		I am employ	red by the F	acility owner	
I am currently no	ot operating any Facility		II	provide contractua	l services to	o the Facility	
Please provide th	he following information of	about each Facility/Plant that you operc	te. Use addt	ional pages as nee	eded.		
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This is page one of a two page form. Both pages must be completed and returned.			rned. C	Operator Certifcation Number: 7869				
	Please enter you're current address on the lines below and, if necessary	cessary,	Certification(s) below will ex	1/1/1/15				
correct the City, state and ZIP Code. Please prin		IP Code. Please print legibly.		The fee to renew certifi	w these <b>\$50</b> cations:			
				<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.			
	ATES TO RENEW:				<b>Training Units</b>			
Certification T	ype (	Category		Class	Required			
OPERATOR	١	NASTEWATER TREATMENT	Г	5	30			
II. CURRENT	EMPLOYMENT INFO	RMATION						
Employer's Name	:			Phone #:				
Number of Facilit	ies (or Plants) that you curre	ently operate:		I am employed b	by the Facility owner			
I am currently not	operating any Facility	]	II	provide contractual se	rvices to the Facility			
Please provide the	e following information abo	ut each Facility/Plant that you oper	ate. Use addt	ional pages as needed	!.			
Facility / Plant Na	ime		Class	PDWIS (Water) NF	PDES (Wastewater)			



## **III. CONTINUING EDUCATION:**

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

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

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

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page on	d. Op	Dperator Certifcation Number: 8042				
COLLITON	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:		4/1/2025	
			The fee to rend certif	ew these fications:	\$50	
			Failure to complete o requirements by the ex- result in an additio described in s		expiration date will onal late fees as	
	CATES TO RENEW:				raining Units	
Certification <sup>-</sup>	Type Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Fa	cility owner	
I am currently no	ot operating any Facility	I pı	ovide contractual s	ervices to	the Facility	
Please provide t	he following information about each Facility/Plant that you operate.	Use addtio	onal pages as neede	ed.		
Facility / Plant N	lame	Class F	PDWIS (Water) N	IPDES (W	Vastewater)	



## **III. CONTINUING EDUCATION:**

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

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a two page for	urned. C	Operator Certification Number: 8086				
	're current address on the lines below and, if n	ecessary,		Certification(s) shown below will expire on: 4/1/2025		
correct the City,	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50	
			Failure to complete or subm requirements by the expiration result in an additional lated described in Section		iration date will al late fees as	
I. CERTIFICATES TO R	<u>ENEW:</u>			Т	raining Units	
Certification Type	Category		Class	R	equired	
TEMPORARY	WASTEWATER TREATMEN	IT	5	4	5	
TEMPORARY	WASTEWATER TREATMEN	IT	А	24	4	
II. CURRENT EMPLOYME	NT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plants) the	at you currently operate:		I am employ	ed by the Fa	cility owner	
I am currently not operating any Fa	acility	I	provide contractua	l services to	the Facility	
Please provide the following infor	mation about each Facility/Plant that you ope	erate. Use addt	ional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	/astewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	8406
MYERS	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	4/1/2025
correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications:	\$100	
		Failure to complete or s	submit renewal

**\_\_\_\_** requirements by the expiration date will result in an additional late fees as described in Section V.

# I. CERTIFICATES TO RENEW:

I. CERTIFICATES TO RENEW	7		Training Units
Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	А	16
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	INDUSTRIAL WASTEWATER	5	30
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	2	16

## **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:		Phone #:			
Number of Facilities (or Plants) that you currently operate:	I am employed by the Facility owner				
I am currently not operating any Facility	I provide contractual services to the Facility				
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.					
Facility / Plant Name	Class	PDWIS (Water) NPDES (Wastewater)			



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Both pages must be completed and returned	<b>I.</b> 0	Operator Certification Number: 8501				
BURBAGE	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s below will e		e on: 4/1/2025		
			The fee to ren certi	ew these fications:			
			requirements by the result in an addi				
	CATES TO RENEW:				raining Units		
Certification	Type Category		Class	R	equired		
OPERATOR	WASTEWATER TREATMENT		5	3	0		
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>						
Employer's Nam	e:		Phone #:				
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Fa	cility owner		
I am currently no	ot operating any Facility	Ιp	provide contractual s	ervices to	the Facility		
Please provide t	he following information about each Facility/Plant that you operate. U	Use addti	onal pages as neede	ed.			
Facility / Plant N	lame	Class	PDWIS (Water) N	IPDES (W	Vastewater)		



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• •	of a two page form. Both pages must be completed and returned.	Op	Operator Certifcation Number: 8519			
KAISER	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) below will ex			
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these <b>\$50</b> ications:		
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification T	ype Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed l	by the Facility owner		
I am currently no	t operating any Facility	I pr	ovide contractual se	ervices to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed	<i>d</i> .		
Facility / Plant Na	ame	lass P	DWIS (Water) NI	PDES (Wastewater)		
_						



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number: 8629		
KLUNK	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	650
			<ul> <li>requirements by the result in an address</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO RENEW:				<b>Training Units</b>
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	x		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility	I p	rovide contractual serv	ices to the Facility
Please provide th	e following information about each Facility/Plant that you operate. U	se addti	onal pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NPD	ES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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## IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

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This is page one	e of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation Nu	mber: <b>8681</b>
ABELL	Please enter you're current address on the lines below and, if necessary,	·у,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	850
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO RENEW:				Training Units
Certification T	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	2:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you operate. U	se addtior	nal pages as needed.	
Facility / Plant N	ame C	Class PI	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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This is page one o	of a two page form. Both pages must be completed and returned.	. Op	erator Certifcation Nu	mber: <b>8871</b>
	Please enter you're current address on the lines below and, if necessary,	ŗy,	Certification(s) s below will exp	
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	850
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFICATES TO RENEW:				<b>Training Units</b>
Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT E	CMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	operating any Facility	I pr	ovide contractual serv	vices to the Facility
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page on	e of a two page form. Both pages must be completed and returned	Operator Certifcation Number: 9191		
SWANN	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew 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. CERTIFICATES TO RENEW:				Training Units
Certification 7	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you operate. U	Use addti	ional pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of	a two page form. Both pages must be completed and returne	Operator Certifcation Number: 9283		
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	these <b>\$50</b>
			- requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	TES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EN	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not op	erating any Facility	I pi	rovide contractual ser	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)



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This is page one	of a two page form. Both pages must <b>l</b>	be completed and returned.	. Oper	rator Certifcatio	n Number	9617
	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		ry,	Certification(s) shown below will expire on: 4/1/2025		
C				The fee to re cer	enew these tifications:	\$100
				requirements result in a	by the exp n addition	submit renewal piration date will al late fees as
I CERTIFIC	ATES TO RENEW:			desc	ribed in S	
Certification Ty				Class		Training Units Required
OPERATOR	WASTEWA	ATER COLLECTION		2	1	6
OPERATOR	WATER TE	REATMENT		2	1	6
OPERATOR	WASTEWA	ATER TREATMENT		5	3	30
OPERATOR	WASTEWA	ATER TREATMENT		А	1	6
II. CURRENT I	MPLOYMENT INFORMATION	J				
Employer's Name:				Phone #	ŧ:	
Number of Faciliti	es (or Plants) that you currently operate:			I am employe	ed by the F	acility owner
I am currently not	operating any Facility		I prov	vide contractual	l services t	o the Facility
Please provide the	following information about each Faci	lity/Plant that you operate. U	Jse addtion	al pages as need	ded.	
Facility / Plant Nar	ne	(	Class PD	WIS (Water)	NPDES (V	Wastewater)



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## VII. APPLICANT'S STATEMENT

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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

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

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

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



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

This is page one	Operator Certifcation Number: 9644				
BROWN	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) below will ex		4/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50
			- requirements by result in an a	y the exp addition	submit renewal biration date will al late fees as ection V.
	CATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	×		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed l	by the Fa	acility owner
I am currently no	t operating any Facility	I pı	rovide contractual se	rvices to	the Facility
Please provide th	ne following information about each Facility/Plant that you operate. Use	e addtic	onal pages as needed	d.	
Facility / Plant N	ame Cla	ass F	PDWIS (Water) NI	PDES (V	Vastewater)
					_



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

#### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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• •	of a two page form. Both pages must be completed and returned.	Ope	Operator Certification Number: <b>9845</b>			
	Please enter you're current address on the lines below and, if necessary,	.,	Certification(s) below will ex			
со	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these <b>\$50</b> ications:		
			requirements by result in an a	plete or submit renewa y the expiration date w additional late fees as bed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units	-	
Certification Ty	rpe Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT F	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	by the Facility owner		
I am currently not	operating any Facility	I pro	provide contractual services to the Facility			
Please provide the	following information about each Facility/Plant that you operate. Use	e addtion	al pages as needed	d.		
Facility / Plant Nar	ne Cla	ass PI	OWIS (Water) NI	PDES (Wastewater)		



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LOCKWOOD 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. CERTIFICATES TO RENEW:		<b>Training Units</b>	
Certification Type Category	Class	Required	
TEMPORARY WATER DISTRIBUTION	1	24	
II. CURRENT EMPLOYMENT INFORMATION			
Employer's Name:	Phone #:		
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