

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. Bot	n pages must be completed and ret	urned. O _l	perator Certifcation	n Number: 0204
	2	lease enter you're current address on the lines below and, if necessary,		Certification below will	5/1//0/25
	correct the City, state and	ZIP Code. Please print legibly.		The fee to ren cert	new these \$100
				requirements result in ar	mplete or submit renewal by the expiration date will a additional late fees as ibed in Section V.
I. CERTIFIC	ATES TO RENEW:	<u>.</u>			Training Units
Certification T	уре	Category		Class	Required
OPERATOR		WATER TREATMENT		2	16
OPERATOR		WASTEWATER COLLECTIO	N	2	16
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	:			Phone #:	:
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employe	d by the Facility owner
I am currently not	t operating any Facility		I p	rovide contractual	services to the Facility
Please provide th	e following information al	out each Facility/Plant that you ope	rate. Use addtie	onal pages as need	led.
Facility / Plant Na	ame		Class 1	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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 f	form. Both pages must be completed and return	ned.	Operator Certifcation Nu	umber: 0454
5	lease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
correct the City,	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICATES TO R	<u>RENEW:</u>			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT EMPLOYME	ENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) th	nat you currently operate:		I am employed by	the Facility owner
I am currently not operating any F	Facility	Ι	provide contractual serv	vices to the Facility
Please provide the following infor	rmation about each Facility/Plant that you operation	te. Use add	tional pages as needed.	
Facility / Plant Name		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 enter you're current address on the lines below and, if necessary	у,	Certification(below will e		5/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rer cert	new these ifications:	\$50
			 Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V. 		iration date will al late fees as
	ATES TO RENEW:		-		raining Units
Certification T	ype Category		Class	Re	equired
OPERATOR	WASTEWATER COLLECTION		2	16	3
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:	:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed	d by the Fa	cility owner
I am currently not	t operating any Facility	I provid	le contractual	services to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtional	pages as need	led.	
Facility / Plant Na	ame	lass PDW	TIS (Water) 1	NPDES (W	vastewater)
_					



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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		ent address on the lines below and, if necessary,		Certification(s) shown below will expire on: 5/1/2025			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica	X I I II I		
				 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	CATES TO RENEW	_			Training Units		
Certification ⁻	Туре	Category		Class	Required		
OPERATOR		INDUSTRIAL WASTEWATER		7	16		
OPERATOR		WATER TREATMENT		2	16		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
II. CURRENT	FEMPLOYMENT INF	ORMATION					
Employer's Nam	ne:			Phone #:			
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner		
I am currently no	ot operating any Facility		I p	rovide contractual serv	ices to the Facility		
Please provide t	he following information al	oout each Facility/Plant that you operate.	Use addtie	onal pages as needed.			
Facility / Plant N	Vame		Class 1	PDWIS (Water) NPD	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

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	Please enter you're current address on the lines below and, if necessary,	cessary,	Certification below will		5/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to represent the fee to represent the tee the tee tee tee tee tee tee te	new these	\$50
			requirements result in an	 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 Ty	ype Category		Class	Re	equired
OPERATOR	INDUSTRIAL WASTEWATER	र	2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #	:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employe	d by the Fa	cility owner
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Facility / Plant Na	ume	Class	PDWIS (Water)	NPDES (W	Vastewater)



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This is page on	e of a two page form. Both pages must be comple	ted and returned.	Operator Certifcation N	umber: 10004
MITCHELL	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 dditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER CO	OLLECTION	2	16
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Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner
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Date

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

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

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



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This is page one	of a two page form. Both pages must be completed and returned.	C	perator Certifcation Nu	mber: 10009
	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	\$50
			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 a second content of the result in an additional content of the result in a second co	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
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 serv	ices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. Us	lse addt	ional pages as needed.	
Facility / Plant Na	me C	Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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• •	wo page form. Both pages must be completed and returne	e d. O	perator Certifcation Nu	umber: 10029
	e enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATE				Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not opera	iting any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide the follo	wing information about each Facility/Plant that you operate.	. Use addti	ional pages as needed.	
Facility / Plant 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 r	eturned. C	perator Certifcation	on Number:	10049
	Please enter you're current address on the lines below and, if necessar		necessary,	Certification below wil	n(s) shown l expire on:	5/1/2025
	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 rem requirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIFICATES TO RENEW:			т	Training Units		
Certification T	уре	Category		Class		equired
TEMPORARY		WASTEWATER COLLECT	ION	2	2	4
TEMPORARY		WATER DISTRIBUTION		1	2	4
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name				Phone 7	#:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the Fa	acility owner
I am currently no	t operating any Facility]	I	provide contractua	l services to	the Facility
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Facility / Plant Na	ame		Class	PDWIS (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 p	page form. Both pages must be completed and retur	ned. O	perator Certifcatio	on Number:	10113
	Please enter you're current address on the lines below and, if necessar		Certification below will	n(s) shown l expire on:	5/1/2025
	e 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 rene requirements by the expiration dat result in an additional late fees a described in Section V.	
I. CERTIFICATES T	<u>CO RENEW:</u>			Tr	aining Units
Certification Type	Category		Class	Re	equired
OPERATOR	WASTEWATER TREATMENT		5	30)
OPERATOR	WASTEWATER TREATMENT		А	16	3
II. CURRENT EMPLO	YMENT INFORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Pla	ints) that you currently operate:		I am employ	ed by the Fa	cility owner
I am currently not operating	; any Facility	Ιŗ	provide contractua	l services to	the Facility
Please provide the following	g information about each Facility/Plant that you opera	te. Use addti	ional pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)



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	r you're current address on the lines below and, if necessa		Certification below wil	n(s) shown l expire on	
correct the City, state an	d ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$50
			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. CERTIFICATES TO RENEW	<u>V:</u>			-	Fraining Units
Certification Type	Category		Class		Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	-	7
SUPERINTENDENT	WASTEWATER TREATMENT		А	-	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 H	Facility owner
I am currently not operating any Facility		I pi	covide contractua	l services t	to the Facility
Please provide the following information of	about each Facility/Plant that you opera	te. Use addtio	onal pages as nee	eded.	
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	Please enter you're current address on the lines below and, if necessar		Certification below will	
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			- requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
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Employer's Name:			Phone #	:
Number of Facilities (or Pl	lants) that you currently operate:		I am employe	ed by the Facility owner
I am currently not operatin	ng any Facility	I pi	rovide contractual	l services to the Facility
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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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I consent to receive my certificate(s) by emial in lieu of mail



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

This is page on	e of a two page form. Both pages must be completed and returned.	0	Operator Certification Number: 10441			
GOMOLJAK	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi			
			The fee to renew certifica	\$50		
			 requirements by the result in an additional sectors of the result in the result in	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	CATES TO RENEW:			Training Units		
Certification 7	ype Category		Class	Required		
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	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	Ιp	provide contractual serv	ices to the Facility		
Please provide th	ne following information about each Facility/Plant that you operate. Use	e addti	onal pages as needed.			
Facility / Plant N	ame Cla	ass	PDWIS (Water) NPD	ES (Wastewater)		



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.
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- 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:

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Email Address

Date

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This is page one of a two page form	n. Both pages must be completed and return	ned. Op	Operator Certification Number: 10528			
	Please enter you're current address on the lines below and, if necessar	ssary,	Certification(s) shown below will expire on: 5/1/2025			
correct the City, sta	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100			
			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 REM	<u>1EW:</u>			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT EMPLOYMENT	INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that y	ou currently operate:		I am employed ł	by the Facility owner		
I am currently not operating any Facil	ity	I pr	ovide contractual se	rvices to the Facility		
Please provide the following informa	tion about each Facility/Plant that you operate	e. Use addtio	nal pages as needed	<i>l</i> .		
Facility / Plant Name		Class P	DWIS (Water) NF	PDES (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

Date

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This is page one of a	a two page form. Both pages must be completed and returned.	Dperator Certifcation Number: 10741				
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp			
cor	rect the City, state and ZIP Code. Please print legibly.		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.		
	TES TO RENEW:			Training Units		
Certification Type	e Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT EM	IPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities	(or Plants) that you currently operate:		I am employed by	y the Facility owner		
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Please provide the fo	llowing information about each Facility/Plant that you operate. U	lse addtio	onal pages as needed.			
Facility / Plant Name	C	Class F	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 return	Operator Certification Number: 10835		
	Please enter you're current address on the lines below and, if necessary,	ssary,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			- requirements by th result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pi	rovide contractual serv	ices to the Facility
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Facility / Plant Name			PDWIS (Water) NPD	ES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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MURRAY	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: 5/1		5/1/2025
			The fee to rer cert	new these ifications:	\$50
			Failure to complete or subm requirements by the expiration result in an additional lat described in Section		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	CEMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone #:	_	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	d by the Fa	acility owner
I am currently no	ot operating any Facility	I pro	vide contractual	services to	the Facility
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Facility / Plant N	Jame Cla	ass PI	DWIS (Water)	NPDES (V	Vastewater)



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This is page one	of a two page form. Bot	turned. C	Operator Certification Number: 10905			
WILLETT	Please enter you're current address on the lines below and, if necessa	necessary,		Certification(s) shown below will expire on: 5/1/2025		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100		
				requirement result in a	Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIFIC	ATES TO RENEW	<u>.</u>			-	Fraining Units
Certification T	уре	Category		Class	I	Required
TEMPORARY		WASTEWATER COLLECTI	ON	2		24
TEMPORARY		WATER DISTRIBUTION		1		24
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone	#:	
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employ	red by the H	Facility owner
I am currently not	t operating any Facility		I	provide contractua	l services t	to the Facility
Please provide th	e following information al	oout each Facility/Plant that you op	erate. Use addt	ional pages as nee	eded.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (Wastewater)



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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 1091		
•	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		Certification(s below will e		
correct the City, state and			The fee to rene certif	ew these \$100	
			- 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	<u>.</u>			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WATER TREATMENT		1	7	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
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 pi	ovide contractual s	ervices to the Facility	
Please provide the following information al	oout each Facility/Plant that you operate	e. Use addtio	onal pages as neede	d.	
Facility / Plant Name		Class F	DWIS (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

- 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.

This is page one of a two page form. Both pages must be completed and returned.			rned. O	Operator Certification Number: 10910			
	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: 5/1/2025			
			The fee to r ce	enew thes rtification	\$100		
				 Failure to complete or submit representation of the expiration dangements by the expiration dangement of the expiration of th		xpiration date will onal late fees as	
I. CERTIFIC	ATES TO RENEW:	- -				Training Units	
Certification T	уре	Category		Class		Required	
OPERATOR		WATER TREATMENT		4		30	
OPERATOR		WASTEWATER TREATMEN	Т	3		30	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone	#:		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employ	red by the	Facility owner	
I am currently not	t operating any Facility		Ιŗ	provide contractua	l services	to the Facility	
Please provide th	e following information al	oout each Facility/Plant that you oper	ate. Use addti	ional pages as nee	eded.		
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES	(Wastewater)	



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page one of a two page form. Both pages must be completed and returned.		irned. O	Operator Certification Number: 10926		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification below will		
cori			The fee to ren cert	new these \$50	
				 requirements result in an 	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
I. CERTIFIC	ATES TO RENEW:	L			Training Units
Certification T	уре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMEN	Т	5	45
TEMPORARY		WASTEWATER TREATMEN	Т	А	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	:			Phone #:	:
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employe	d by the Facility owner
I am currently not	operating any Facility		I p	rovide contractual	services to the Facility
Please provide the	e following information ab	pout each Facility/Plant that you oper	rate. Use addti	onal pages as need	led.
Facility / Plant Na	ime		Class	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation N	umber: 11041
	urrent address on the lines below and, if i	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 acceleration	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATES TO REN				Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		5	24
II. CURRENT EMPLOYMENT	INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that yo	u currently operate:		I am employed b	y the Facility owner
I am currently not operating any Facilit	у	Ι	provide contractual ser	vices to the Facility
Please provide the following information	on about each Facility/Plant that you op	erate. Use ada	ltional 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

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: 11136		
	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(s) below will exp		
correct			The fee to renew certific	850	
			 requirements by result in an ac 	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
	TES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		1	24	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not o	perating any Facility	ΙI	provide contractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	Use addt	ional pages as needed.		
Facility / Plant Nan	ne	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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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 11275		
	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 certific	\$50	
		requirements by result in an a		lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:			Training Units	
Certification 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	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. U	se addti	onal pages as needed.		
Facility / Plant Na	ame C	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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- 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 on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation	Number: 11289
KNOTT	Please enter you're current address on the lines below and, if necessary,	y, Certification(s	
correct the City	correct the City, state and ZIP Code. Please print legibly.	The fee to ren certi	ew these fications: \$50
		requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
	CATES TO RENEW:		Training Units
Certification ⁻	ype Category	Class	Required
OPERATOR	WASTEWATER COLLECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Nam	2:	Phone #:	
Number of Facil	ties (or Plants) that you currently operate:	I am employed	by the Facility owner
I am currently no	t operating any Facility	I provide contractual s	services to the Facility
Please provide th	ne following information about each Facility/Plant that you operate. Us	se addtional pages as neede	ed.
Facility / Plant N	ame C	Class PDWIS (Water) N	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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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 11290		
	Please enter you're current address on the lines below and, if necessary,		tification(s) s clow will exp		
c	orrect the City, state and ZIP Code. Please print legibly.	The	fee to renew certific	\$50	
		requi	Failure to complete or sub requirements by the expira- result in an additional la described in Sectio		
	TES TO RENEW:		-	Training Units	
Certification Ty	pe Category	(Class	Required	
OPERATOR	WASTEWATER COLLECTION	:	2	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:	I am	employed by	y the Facility owner	
I am currently not o	operating any Facility	I provide co	ntractual ser	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate. Us	e addtional page	s as needed.		
Facility / Plant Nan	ne Cl	lass PDWIS (V	Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one of a two page form. Both pages must be completed and returned			• Operator Certification Number: 11305			
	Please enter you're current address on the lines below and, if necessa	sary,	Certification below will			
correct t	correct the City, state and ZIP Code. Please print legibly.		The fee to re cer	new these \$100		
			 Failure to complete or submit representation of the expiration of the e			
I. CERTIFICATES	TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMPL	OYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or P	Plants) that you currently operate:		I am employe	ed by the Facility owner		
I am currently not operatir	ng any Facility	I pro	ovide contractual	services to the Facility		
Please provide the followi	ing information about each Facility/Plant that you operate.	Use addtio	nal pages as need	led.		
Facility / Plant Name		Class P	DWIS (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 Certification N	lumber: 11367
SMITH JR.	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 Code. Please print legibly.		The fee to renew certific	v these \$50 cations:
			— requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	١	2	16
II. CURREN	FEMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently n	ot operating any Facility]	I provide contractual set	rvices to the Facility
Please provide i	the following information about each Facility/Plant that you opera	te. Use add	ltional pages as needed	·
Facility / Plant N	Name	Class	PDWIS (Water) NP	'DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			urned. C	Operator Certifcation Number: 11443		
BRAKE	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 result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner	
I am currently ne	ot operating any Facility	7	I	provide contractual ser	vices to the Facility	
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Facility / Plant N	Vame		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 return			ed. Operator Certification Number: 11644		
SEYMOUR	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	these \$50	
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	<u>CATES TO RENEW:</u>			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	INDUSTRIAL WAST	EWATER	5	30	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently ne	ot operating any Facility		I provide contractual services to the Facility		
Please provide i	he following information about each Facility/Plant the	at you operate. Use add	dtional pages as needed.		
Facility / Plant N	Name	Class	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- 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 on	e of a two page form. Both pages must be completed and returne	ed. O	• Operator Certification Number: 12016			
DODSON	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 exp			
			The fee to renew these certifications: \$50			
			 Failure to complete or submit remember of the expiration dat requirements by the expiration dat result in an additional late fees described in Section V. 			
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	SEMPLOYMENT INFORMATION					
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 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 addti	onal pages as needed.			
Facility / Plant N	lame	Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

- 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

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		ed. C	Operator Certifcation Number: 12022			
BRIDDELL	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) s below will exp			
			The fee to renew these certifications: \$50			
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
TEMPORARY	Y WASTEWATER COLLECTION		2	24		
II. CURRENT	FEMPLOYMENT INFORMATION					
Employer's Nam	ne:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not operating any Facility			provide contractual 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	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.
- 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 on	e of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	1203
MURPHY	MURPHY 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:	5/1/2025
		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	Training Units		
Certification Type	Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	6	16
OPERATOR	WASTEWATER TREATMENT	А	16
OPERATOR	WATER TREATMENT	5	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WATER TREATMENT	2	16

II. CURRENT EMPLOYMENT INFORMATION

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



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature:

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			d. Operator Certification Number: 12057			
BUTTS	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: 5		5/1/2025	
			The fee to renew these certifications: \$50			
			 Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. 		oiration date will al late fees as	
	ATES TO RENEW:				raining Units	
Certification T	ype Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Fa	acility owner	
I am currently not	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	e addtio	nal pages as needed	<i>l</i> .		
Facility / Plant Na	ame Cla	ass P	DWIS (Water) NF	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.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Last 4 digits of Social Security Number

Email Address

Date

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

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

This is page one	of a two page form. Both pages must be completed and returned	d. C	Operator Certification Number: 12152			
	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
	ATES TO RENEW:			Training Units		
Certification T	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			rovide contractual services to the Facility			
Please provide th	e following information about each Facility/Plant that you operate.	Use addt	ional pages as needed.			
Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 Certifcation Number: 12190			
MALLERY	Please enter you're current address on the lines below and, if necessary,	/,	Certification(s) below will ex			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications:	\$50		
			 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. 			
	ATES TO RENEW:			Training Units		
Certification T	ype Category		Class	Required		
TEMPORARY	WASTEWATER COLLECTION		2	24		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facili	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner		
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Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed	·		
Facility / Plant N	Cl	lass F	PDWIS (Water) NF	'DES (Wastewater)		



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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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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 m	ust be completed and returne	ed. Op	erator Certifcation N	umber: 12236
	Please enter you're current address of		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	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification Ty	/pe Catego	ry		Class	Required
TEMPORARY	WATE	R TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFORMAT	TION			
Employer's Name:				Phone #:	
Number of Facilit	es (or Plants) that you currently ope	erate:		I am employed by	y the Facility owner
I am currently not	operating any Facility		I pı	ovide contractual ser	vices to the Facility
Please provide the	e following information about each	Facility/Plant that you operate	. Use addtic	onal pages as needed.	
Facility / Plant Na	me		Class F	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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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 fo	rm. Both pages must be completed and retur	ned. Op	perator Certifcation	n Number: 12361	
5	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: 5/1/2025		
correct the City, s			The fee to rer cert	new these \$50	
			Failure to complete or submit rener requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFICATES TO R	ENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLOYMEN	NT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that	t you currently operate:		I am employed	d by the Facility owner	
I am currently not operating any Fa	cility	I pi	rovide contractual	services to the Facility	
Please provide the following inform	nation about each Facility/Plant that you opera	te. Use addtic	onal pages as need	led.	
Facility / Plant Name		Class F	PDWIS (Water)	NPDES (Wastewater)	



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This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation	Number:	12396
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(below will e		5/1/2025
			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.		
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
TEMPORARY	WATER DISTRIBUTION		1	2	4
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	acility owner
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Facility / Plant Na	me Cl	Class PI	DWIS (Water) N	NPDES (V	Vastewater)



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This is page one	of a two page form. Both pages must be completed and returned.	. 0	perator Certifcation N	umber:	12414	
	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) show below will expire of		5/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50	
			 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. 			
	ATES TO RENEW:				ining Units	
Certification T	ype Category		Class	Ree	quired	
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Fac	ility owner	
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Please provide th	e following information about each Facility/Plant that you operate. U	Jse addti	onal pages as needed.			
Facility / Plant Na	ame	Class	PDWIS (Water) NP	DES (Wa	istewater)	



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	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will expi		
			The fee to renew certifica	\$50	
			 Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V. 		
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Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
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Facility / Plant Na	ume C.	lass I	PDWIS (Water) NPD	DES (Wastewater)	



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This is page one of a two page form. B	Both pages must be completed and retur	ned. Op	perator Certifcation	on Numbe	r: 12416	
	Please enter you're current address on the lines below and, if necessa			Certification(s) shown below will expire on: 5/1/2025		
correct the City, state a	nd ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$50	
			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.		
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Certification Type	Category		Class		Required	
TEMPORARY	WASTEWATER TREATMENT		А		24	
TEMPORARY	WASTEWATER TREATMENT		5		45	
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Employer's Name:			Phone #	#:		
Number of Facilities (or Plants) that you	currently operate:		I am employ	red by the	Facility owner	
I am currently not operating any Facility		Ιp	rovide contractua	l services	to the Facility	
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Facility / Plant Name		Class I	PDWIS (Water)	NPDES ((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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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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

This is page on	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation	n Number:	12417
EBBERTS	Please enter you're current address on the lines below and, if necessary	у,	Certification below will		5/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to represent	new these	\$50
			 Failure to complete or submit rend requirements by the expiration dat result in an additional late fees a described in Section V. 		
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	WASTEWATER COLLECTION		2	2	4
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #	:	
Number of Facili	ties (or Plants) that you currently operate:		I am employe	d by the F	acility owner
I am currently no	t operating any Facility	I pr	provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as need	led.	
Facility / Plant N	ame Cl	lass P	DWIS (Water)	NPDES (V	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 or	e of a two page form. Both pages must be completed and returned.	С	perator Certifcation Nu	mber: 12418	
FOREMAN	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) si below will expi		
			The fee to renew certifica	\$50	
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORAR	Y WATER DISTRIBUTION		1	24	
II. CURREN	SEMPLOYMENT INFORMATION				
Employer's Nan	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility	Ιı	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 1	Name C	lass	PDWIS (Water) NPD	DES (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 returned.	Ope	erator Certifcation	n Number:	12419
ADAMS	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification below will		5/1/2025
			The fee to ren cert	new these ifications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V.		
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	WATER DISTRIBUTION		1	2	4
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:	: 	
Number of Facili	ties (or Plants) that you currently operate:		I am employe	d by the F	acility owner
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Facility / Plant N	ame Clas	iss Pl	DWIS (Water)	NPDES (V	Wastewater)



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	of a two page form. Both	n pages must be completed and return	ned. Op	erator Certifcatio	on Number:	12420	
	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 below will	n(s) shown l expire on:	5/1/2025	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50	
				requirements result in a	submit renewal piration date will al late fees as ection V.		
I. CERTIFIC	ATES TO RENEW:				т	raining Units	
Certification Ty	/pe	Category		Class	R	equired	
TEMPORARY		WASTEWATER TREATMENT		5	4	-5	
TEMPORARY		WASTEWATER TREATMENT		А	2	.4	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name:				Phone #	#:		
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently not	operating any Facility]	I pr	ovide contractua	l services to	o the Facility	
Please provide the	e following information ab	out each Facility/Plant that you operate	e. Use addtio	nal pages as nee	eded.		
Facility / Plant Na	me		Class P	DWIS (Water)	NPDES (V	Wastewater)	



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Email Address

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This is page one	e of a two page form. Bot	h pages must be completed and i	eturned. O	perator Certifcatio	on Number: 12421		
BROWN	Please enter you're current address on the lines below and, if necess		f necessary,		Certification(s) shown below will expire on: 5/1/2025		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rec	enew these \$100 rtifications:		
				 requirements result in a 	omplete or submit renewal s by the expiration date wil an additional late fees as cribed in Section V.		
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units		
Certification T	Туре	Category		Class	Required		
TEMPORARY	,	WASTEWATER COLLECT	TION	2	24		
TEMPORARY	,	WATER DISTRIBUTION		1	24		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	2:			Phone #	¥:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employe	ed by the Facility owner	1	
I am currently no	t operating any Facility		Ιŗ	provide contractual	l services to the Facility	Ī	
Please provide th	ne following information al	pout each Facility/Plant that you o	perate. Use addti	ional pages as nee	eded.		
Facility / Plant N	ame		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.	Opera	ator Certifcation 1	Number: 1	2422
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex		/1/2025
(The fee to rene certif	w these fications:	\$50
			Failure to complete or submit re requirements by the expiration da result in an additional late fee described in Section V.		
	ATES TO RENEW:		-		ining Units
Certification Ty	vpe Category		Class	Req	uired
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 the Facil	ity owner
I am currently not	operating any Facility	I provi	ide contractual se	ervices to th	e Facility
Please provide the	following information about each Facility/Plant that you operate. Use	e addtiona	l pages as neede	d.	
Facility / Plant Nat	me Cla	ass PDV	WIS (Water) N	PDES (Was	stewater)



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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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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	f a two page form. Both pages must be completed and returned.	Op	Operator Certification Number: 1242				
	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				
с			The fee to renew certific	\$50			
			- requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.			
	ATES TO RENEW:			Training Units			
Certification Ty	pe Category		Class	Required			
TEMPORARY	WATER TREATMENT		4	45			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:	_			
Number of Facilitie	es (or Plants) that you currently operate:		I am employed b	y the Facility owner			
I am currently not o	operating any Facility	I pı	ovide contractual ser	vices to the Facility			
Please provide the	following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.				
Facility / Plant Nan	ne C	Class F	PDWIS (Water) NP	DES (Wastewater)			



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	of a two page form. Both pages must be completed and returned.	. Op	erator Certifcation	Number:	12424
	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s below will e		5/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rend certif	ew these fications:	\$50
			Failure to complete or submit requirements by the expiration result in an additional late for described in Section V.		iration date will al late fees as
	ATES TO RENEW:				raining Units
Certification Ty	vpe Category		Class	R	equired
TEMPORARY	WASTEWATER TREATMENT		5	4	5
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 pr	ovide contractual s	ervices to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addtio	nal pages as neede	ed.	
Facility / Plant Na	me C	Class P	DWIS (Water) N	PDES (V	Vastewater)



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.	Op	erator Certifcation N	umber: 12425
	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$50
			requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification T	vpe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		6	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	es (or Plants) that you currently operate:		I am employed b	by the Facility owner
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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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pages must be completed and return	ned. O _l	perator Certifcation	n Number: 12426	
Please enter you're current address on the lines below and, if necessa	ssary,	Certification below will		
correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100		
		Failure to complete or submit requirements by the expiration result in an additional late fo described in Section V.		
			Training Units	
Category		Class	Required	
WATER DISTRIBUTION		1	24	
WASTEWATER COLLECTION		2	24	
ORMATION				
		Phone #	:	
ently operate:		I am employe	d by the Facility owner	
]	Ιp	rovide contractual	services to the Facility	
out each Facility/Plant that you operat	e. Use addtio	onal pages as need	led.	
	Class I	PDWIS (Water)	NPDES (Wastewater)	
	address on the lines below and, if nece ZIP Code. Please print legibly. Category WATER DISTRIBUTION WASTEWATER COLLECTION DRMATION rently operate:	address on the lines below and, if necessary, ZIP Code. Please print legibly. Category WATER DISTRIBUTION WASTEWATER COLLECTION DRMATION rently operate:	address on the lines below and, if necessary, Certification below will ZIP Code. Please print legibly. The fee to recert Failure to correquirements result in an description Failure to correquirements Category Class WATER DISTRIBUTION 1 WASTEWATER COLLECTION 2 DRMATION 1 rently operate: I am employe I provide contractual I provide contractual out each Facility/Plant that you operate. Use additional pages as need	



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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: 12427			
	Please enter you're current address on the lines below and, if necess	if necessary,		Certification(s) shown below will expire on:5/1/2025The fee to renew these certifications:\$100			
	correct the City, state and ZIP Code. Please print legibly.						
				 Failure to complete or submit r requirements by the expiration of result in an additional late fe described in Section V. 		biration date will al late fees as	
I. CERTIFIC	ATES TO RENEW	۱ <u>۱</u>			т	raining Units	
Certification T	уре	Category		Class		equired	
TEMPORARY		WASTEWATER COLLEC	TION	2	2	4	
TEMPORARY		WATER DISTRIBUTION		1	2	4	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone 7	#:		
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		I	provide contractua	l services to	the Facility	
Please provide th	e following information al	pout each Facility/Plant that you	operate. Use addt	ional pages as nee	eded.		
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	Vastewater)	



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Email Address

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URRUTIA	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will expi	5/1/2025
	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.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
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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 pı	ovide contractual serv	ices to the Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtic	onal pages as needed.	
Facility / Plant Na	ame Cla	ass F	PDWIS (Water) NPD	DES (Wastewater)



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

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

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Applicant's Signature:

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 retu	urned. O _I	perator Certifcation Nu	umber: 12429
	Please enter you're current address on the lines below and, if necessary,	ecessary,	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 d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	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 open	rate. Use addtio	onal pages as needed.	
Facility / Plant Na	ame	Class I	PDWIS (Water) NPI	DES (Wastewater)



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one	of a two page form. Both pages must be completed and return	rned. Op	erator Certifcation	on Number: 12430	
	Please enter you're current address on the lines below and, if necessa	cessary,	Certification(s) shown below will expire on: 5/1/2025		
	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these \$100	
			 Failure to complete or submit re- requirements by the expiration d result in an additional late feeder described in Section V. 		
I. CERTIFIC	ATES TO RENEW:			Training Units	;
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION	N	2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #	#:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employe	ed by the Facility owner	٦
I am currently not	operating any Facility	I pr	ovide contractual	l services to the Facility	
Please provide the	e following information about each Facility/Plant that you opera	ate. Use addtio	nal pages as need	ded.	
Facility / Plant Na	me	Class P	DWIS (Water)	NPDES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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.	Ope	erator Certifcation N	Number:	12431
LAING	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on:		5/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rener certifi	w these ications:	\$50
			 Failure to complete or submit re- requirements by the expiration d result in an additional late feed described in Section V. 		iration date will Il late fees as
	ATES TO RENEW:			Tr	aining Units
Certification T	ype Category		Class	Re	equired
TEMPORARY	WATER DISTRIBUTION		1	24	ļ.
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	cility owner
I am currently no	t operating any Facility	I pro	ovide contractual se	rvices to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	addtio	nal pages as needed	1.	
Facility / Plant N	ame Clas	ss P	DWIS (Water) NI	PDES (W	astewater)



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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 returne	d. Op	erator Certifcation	Number: 12432
	Please enter you're current address on the lines below and, if necessary,		sary,	Certification(s below will e	
correct the City, state and ZIP Code. Please print legibly.			The fee to rend certif	ew these \$100 fications:	
				 Failure to complete or submit representation of the expiration of the e	
	ATES TO RENEW:	-			Training Units
Certification T	уре	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		2	0
TEMPORARY		WASTEWATER TREATMENT		А	24
TEMPORARY		WASTEWATER TREATMENT		6	24
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WATER TREATMENT		4	45
TEMPORARY		WATER TREATMENT		5G	???
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you cur	rently 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	e following information al	pout each Facility/Plant that you operate.	Use addtio	nal pages as neede	ed.
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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 12433			
WASHINGTO	Please enter you're current	t address on the lines below and, if n	ecessary,	Certification(s) shown below will expire on: 5/1/2025			
correct the City, state and ZIP Code. Please print legibly.				The fee to re- cert	new these \$100		
				requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFIC	CATES TO RENEW:				Training Units		
Certification 7	Гуре	Category		Class	Required		
TEMPORARY	/	WASTEWATER TREATMEN	IT	А	24		
TEMPORARY	/	WATER TREATMENT		2	24		
TEMPORARY	/	WASTEWATER TREATMEN	IT	5	45		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	e:			Phone #	:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employe	d by the Facility owner		
I am currently no	ot operating any Facility		Ιp	rovide contractual	services to the Facility		
Please provide th	he following information ab	pout each Facility/Plant that you ope	rate. Use addti	onal pages as need	led.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (Wastewater)		



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MIRCH	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
			— requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification ⁻	Type Category		Class	Required
TEMPORARY	/ INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	_
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facility	Ι	provide contractual ser	vices to the Facility
Please provide t	he following information about each Facility/Plant that you operate	e. Use add	tional pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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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. Bo	oth pages must be completed and retur	ned. Op	perator Certifcation	on Number:	12435	
2	Please enter you're current address on the lines below and, if necess	essary,		Certification(s) shown below will expire on: 5/1/2025		
correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications:	\$50	
			 Failure to complete or submit reprint requirements by the expiration dans result in an additional late feed described in Section V. 		piration date will al late fees as	
I. CERTIFICATES TO RENEW	<u>V:</u>			т	raining Units	
Certification Type	Category		Class	R	equired	
TEMPORARY	WASTEWATER TREATMENT		А	2	4	
TEMPORARY	WASTEWATER TREATMENT		5	4	5	
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	acility owner	
I am currently not operating any Facility		I pi	covide contractua	l services to	the Facility	
Please provide the following information	about each Facility/Plant that you opera	te. Use addtic	onal pages as nee	eded.		
Facility / Plant Name		Class F	PDWIS (Water)	NPDES (W	Wastewater)	



III. CONTINUING EDUCATION:

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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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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			d. Operator Certification Number: 12436			
5	Please enter you're current address on the lines below and, if necessa	cessary,		Certification(s) shown below will expire on: 5/1/2025		
correct the City, state a	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$50	
			 Failure to complete or submit re requirements by the expiration da result in an additional late feed described in Section V. 		piration date will nal late fees as	
I. CERTIFICATES TO RENE	<u>W:</u>			٦	Fraining Units	
Certification Type	Category		Class	F	Required	
TEMPORARY	WASTEWATER TREATMENT	Γ	5	Z	15	
TEMPORARY	WASTEWATER TREATMENT	Γ	А	2	24	
II. CURRENT EMPLOYMENT IN	NFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plants) that you	currently operate:		I am employ	ed by the F	acility owner	
I am currently not operating any Facility		I p	rovide contractua	l services t	o the Facility	
Please provide the following information	a about each Facility/Plant that you opera	ate. Use addti	onal pages as nee	eded.		
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 Certification Number: 12438			
	Please enter you're current	address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 5/			
correct the City, state and ZIP Code. Please print legibly.				The fee to renev certifi	w these \$100 cations:		
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.		
I. CERTIFIC	ATES TO RENEW:	<u>.</u>			Training Units		
Certification T	уре	Category		Class	Required		
TEMPORARY		WASTEWATER TREATMENT		А	24		
TEMPORARY		WATER TREATMENT		4	45		
TEMPORARY		WASTEWATER TREATMENT		5	45		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone #:			
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner		
I am currently not	t operating any Facility		I pro	ovide contractual se	rvices to the Facility		
Please provide th	e following information ab	out each Facility/Plant that you opera	te. Use addtion	nal pages as needea	<i>l</i> .		
Facility / Plant Na	ame		Class Pl	DWIS (Water) NI	PDES (Wastewater)		



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	ertification(s) shown below will expire or		
	-	¹ 5/1/2025	
correct the City, state and ZIP Code. Please print legibly.	he fee to renew these certifications		
req	 Failure to complete or submit re- requirements by the expiration d result in an additional late fee described in Section V. 		
I. CERTIFICATES TO RENEW:		Training Units	
Certification Type Category	Class	Required	
TEMPORARY WASTEWATER TREATMENT	А	24	
TEMPORARY WASTEWATER TREATMENT	5	45	
TEMPORARY INDUSTRIAL WASTEWATER	2	0	
TEMPORARY WATER TREATMENT	4	45	
II. CURRENT EMPLOYMENT INFORMATION			
Employer's Name:	Phone #:		
Number of Facilities (or Plants) that you currently operate:	m employed by the	Facility owner	
I am currently not operating any Facility I provide	ovide contractual services to the Facility		
Please provide the following information about each Facility/Plant that you operate. Use additional page	ges as needed.		
Facility / Plant Name Class PDWIS	(Water) NPDES	(Wastewater)	
(OVER)			



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This is page on	e of a two page form. Both pages must be completed and returned	d. Opera	Operator Certification Number: 12440			
DINATALE	Please enter you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 5/1/2025			
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifi	w these \$100 cations:		
		I	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:			Training Units		
Certification ⁻	Гуре Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		A	24		
TEMPORARY	/ INDUSTRIAL WASTEWATER		2	0		
TEMPORARY	WASTEWATER TREATMENT		5	45		
II. CURRENT	CEMPLOYMENT INFORMATION					
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 provi	I provide contractual services to the Facility			
Please provide t	he following information about each Facility/Plant that you operate.	Use addtional	pages as needed	<i>l.</i>		
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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 ret	urned. Op	Operator Certifcation Number: 12441			
HENDERSON	Please enter you're current address on the lines below and, if n	ecessary,	Certification(s) below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these \$100 cations:		
			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:			Training Units		
Certification 7	Гуре Category		Class	Required		
TEMPORARY	WASTEWATER TREATMEN	IT	А	24		
TEMPORARY	WATER TREATMENT		1	24		
TEMPORARY	WASTEWATER TREATMEN	ΙT	5	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e:		Phone #:			
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently no	ot operating any Facility	I pr	provide contractual services to the Facility			
Please provide th	he following information about each Facility/Plant that you ope	erate. Use addtio	nal pages as needed			
Facility / Plant N	lame	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.

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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- 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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ADDISON	Please enter you're current address on the lines below and, if necessa	ssary,	Certification(s) shown below will expire on: 5/1/2				
	correct the City, state and ZIP Code. Please print legibly.			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. 			
	<u>CATES TO RENEW</u>	_			Training Units		
Certification ⁻	Гуре	Category		Class	Required		
TEMPORARY	(WATER TREATMENT		2	24		
TEMPORARY	(WATER TREATMENT		4	45		
TEMPORARY	(WASTEWATER TREATMENT		5	45		
TEMPORARY	(WASTEWATER TREATMENT		А	24		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Nam	e:			Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner				
I am currently not operating any Facility			I p	I provide contractual services to the Facility			
Please provide t	he following information a	bout each Facility/Plant that you operate	e. Use addti	onal pages as needed	l.		
Facility / Plant N	Jame		Class	PDWIS (Water) NI	PDES (Wastewater)		



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					The fee to renew these certifications: \$50	
				Failure to complete or submit requirements by the expiration result in an additional late f described in Section V		ration date will l late fees as
	CATES TO RENEW					aining Units
Certification ⁻	Туре	Category		Class	Re	quired
TEMPORARY	(INDUSTRIAL WASTEWA	TER	1	0	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #	:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employe	d by the Fac	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 you	operate. Use add	dtional pages as need	ded.	
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (W	astewater)



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	ATES TO RENEW:				Training Units	
Certification T	/pe 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 op	perate:		I am employed by	the Facility owner	
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correct the City, state			The fee to renew these certifications: \$50			
			 Failure to complete or submit to requirements by the expiration result in an additional late for described in Section V. 		ation date will late fees as	
I. CERTIFICATES TO REN	EW:			Tra	ining Units	
Certification Type	Category		Class	Req	uired	
TEMPORARY	WASTEWATER TREATMENT	Г	5	45		
TEMPORARY	WASTEWATER TREATMENT	Г	А	24		
II. CURRENT EMPLOYMENT	INFORMATION					
Employer's Name:			Phone #	ŧ:		
Number of Facilities (or Plants) that ye	ou currently operate:		I am employe	ed by the Facil	lity owner	
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Certification T	ӯре	Category		Class	R	Required	
TEMPORARY	,	WASTEWATER TREATMEN	Т	5	4	-5	
TEMPORARY	,	WASTEWATER TREATMEN	Т	А	2	24	
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Number of Facili	ties (or Plants) that you cur	rently operate:		I am employe	ed by the F	acility owner	
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- I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Ope	Operator Certification Number: 12449			
	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: 5/1/			
			The fee to renew these certifications: \$50			
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFIC	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
TEMPORARY	WATER TREATMENT		4	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not	operating any Facility	I pro	vide contractual serv	vices to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. U	Ise addtion	al pages as needed.			
Facility / Plant Na	c C	Class PE	OWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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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NICHOLS	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	
			 Failure to complete or submit re requirements by the expiration data result in an additional late feet 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	y the Facility owner	
I am currently no	t operating any Facility	I pro	provide contractual services to the Facility		
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5	Please enter you're current address on the lines below and, if necessary	ssary,		Certification(s) shown below will expire on: 5/1/2025		
correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$100	
			requirements result in a	submit renewal piration date will nal late fees as ection V.		
I. CERTIFICATES TO RENEW	<u>.</u>			7	Fraining Units	
Certification Type	Category		Class		Required	
TEMPORARY	WATER DISTRIBUTION		1		24	
TEMPORARY	WASTEWATER COLLECTION		2		24	
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently not operating any Facility		Ιp	rovide contractua	l services t	o the Facility	
Please provide the following information al	pout each Facility/Plant that you operat	e. Use addtio	onal pages as nee	eded.		
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (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. Bo	th pages must be completed and retur	ned. Op	perator Certification 1	Number: 12452
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will ex	5/1/2025
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	w these \$100
			- requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as bed in Section V.
I. CERTIFICATES TO RENEW	<u>V:</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 #:	
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 pi	rovide contractual se	ervices to the Facility
Please provide the following information of	about each Facility/Plant that you opera	te. Use addtio	onal pages as needed	<i>l</i> .
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Name and Certification Number of Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessary,	essary,		Certification(s) shown below will expire on: 5/1/2025		
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these tifications:	\$100	
			requirements result in a	ubmit renewal ration date will l late fees as tion V.		
I. CERTIFICATES TO RENEW:	<u>.</u>			Tra	aining Units	
Certification Type	Category		Class		quired	
TEMPORARY	WASTEWATER COLLECTION		2	24		
TEMPORARY	WATER DISTRIBUTION		1	24		
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #	<i>t</i> :		
Number of Facilities (or Plants) that you cur	rently operate:		I am employe	ed by the Fac	ility owner	
I am currently not operating any Facility]	I pr	ovide contractual	services to t	he Facility	
Please provide the following information ab	out each Facility/Plant that you operat	e. Use addtio	nal pages as need	ded.		
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	Please enter you're current address on the lines below and, if necessary	sary,	Certification(s) below will exp	5/1/2025
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Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	r Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not opera	ating any Facility	I pr	ovide contractual ser	rvices to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate	. Use addtio	onal pages as needed	1.
Facility / Plant Name		Class P	PDWIS (Water) NP	PDES (Wastewater)



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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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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

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Op	perator Certifcation N	Jumber: 12455	
COATES	Please enter you're current address on the lines below and, if necessary,	/,	Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifi	w these \$50 cations:	
			 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	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facili	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently no	operating any Facility	I pi	rovide contractual se	rvices to the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed	!.	
Facility / Plant Na	cl	lass F	PDWIS (Water) NF	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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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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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: 12456			
5	Please enter you're current address on the lines below and, if necessary	essary,		Certification(s) shown below will expire on: 5/1/2025		
correct the City, state and ZIP Code. Please print legibly.		The fee to re cer	new these \$50			
			- requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFICATES TO RENEY	<u>N:</u>			Training Units		
Certification Type	Category		Class	Required		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT EMPLOYMENT IN	FORMATION					
Employer's Name:			Phone #	:		
Number of Facilities (or Plants) that you of	currently operate:		I am employe	ed by the Facility owner		
I am currently not operating any Facility		Ιp	rovide contractual	services to the Facility		
Please provide the following information	about each Facility/Plant that you operation	te. Use addtio	onal pages as need	ded.		
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.

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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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- 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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one of a two page form. Both	1 pages must be completed and return	ned. Op	erator Certifcatio	on Number:	12457
<i>.</i>	Please enter you're current address on the lines below and, if necessar		Certification(s) shown below will expire on: 5/1/202		
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these rtifications:	\$50
			Failure to complete or submit rene requirements by the expiration data result in an additional late fees a described in Section V.		
I. CERTIFICATES TO RENEW:	- -			Т	raining Units
Certification Type	Category		Class		equired
TEMPORARY	WASTEWATER TREATMENT		5	4	5
TEMPORARY	WASTEWATER TREATMENT		А	24	1
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Plants) that you cur	rently operate:		I am employe	ed by the Fa	cility owner
I am currently not operating any Facility]	I pro	ovide contractual	l services to	the Facility
Please provide the following information ab	out each Facility/Plant that you operat	te. Use addtio	nal pages as nee	eded.	
Facility / Plant Name		Class Pl	DWIS (Water)	NPDES (W	vastewater)



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	e of a two page form. Both pages must be completed and returned.	. Oper	rator Certifcation Nu	mber: 12458	
PEARL	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) shown below will expire on: 5/		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	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 not	t operating any Facility	I prov	provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. U	Use addtion	al pages as needed.		
Facility / Plant Na	ame	Class PD	WIS (Water) NPI	DES (Wastewater)	



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This is page one	of a two page form. Both pages must be completed and returned.	Opera	tor Certifcation	Number:	12459	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 5		5/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	new these	\$50	
		ı	 Failure to complete or submit representation da requirements by the expiration da 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		4	4	5	
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	acility owner	
I am currently not	operating any Facility	I provi	provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. Use	addtional	pages as need	ed.		
Facility / Plant Na	me Clas	ss PDW	VIS (Water) N	NPDES (V	Vastewater)	



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This is page on	e of a two page form. Both pages must be completed and returned.	Op	Operator Certifcation Number: 12460			
MCQUAIT	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) shown below will expire on:		5/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certif	w these ications:	\$50	
			 Failure to complete or submit re requirements by the expiration da result in an additional late fees described in Section V. 			
	CATES TO RENEW:				raining Units	
Certification	Type Category		Class	R	equired	
TEMPORARY	WATER TREATMENT		4	4	5	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #:			
Number of Facil	ties (or Plants) that you currently operate:		I am employed	by the Fa	acility owner	
I am currently no	t operating any Facility	I pro	provide contractual services to the Facility			
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed	d.		
Facility / Plant N	Tame Cla	ass P	DWIS (Water) N	PDES (V	Vastewater)	



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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. B	ned. C	Operator Certification Number: 12461				
5	Please enter you're current address on the lines below and, if necessary	essary,		Certification(s) shown below will expire on: 5/1/2025		
correct the City, state a	nd ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
			requirements result in a	Failure to complete or submit rend requirements by the expiration dat result in an additional late fees a described in Section V.		
I. CERTIFICATES TO RENE	<u>N:</u>			т	raining Units	
Certification Type	Category		Class	R	Required	
TEMPORARY	WATER DISTRIBUTION		1	2	24	
TEMPORARY	WASTEWATER COLLECTION	1	2	2	24	
II. CURRENT EMPLOYMENT IN	FORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plants) that you	currently operate:		I am employ	ed by the F	acility owner	
I am currently not operating any Facility		ΙI	provide contractua	l services to	o the Facility	
Please provide the following information	about each Facility/Plant that you opera	te. Use addt	ional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (V	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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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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 retu	rned. O	Operator Certification Number: 12462				
	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: 5/1/2025			
correct the City, state			The fee to renew these certifications: \$100				
			requirements result in ar	mplete or submit renewal by the expiration date will 1 additional late fees as ibed in Section V.			
I. CERTIFICATES TO RENE	<u>EW:</u>			Training Units			
Certification Type	Category		Class	Required			
TEMPORARY	WASTEWATER COLLECTIO	N	2	24			
TEMPORARY	WATER DISTRIBUTION		1	24			
II. CURRENT EMPLOYMENT I	NFORMATION						
Employer's Name:			Phone #:	:			
Number of Facilities (or Plants) that you	a currently operate:		I am employe	d by the Facility owner			
I am currently not operating any Facility		Ιp	provide contractual	services to the Facility			
Please provide the following informatio	n about each Facility/Plant that you oper	ate. Use addti	onal pages as need	led.			
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)			



III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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This is page one	e of a two page form. Both pages must be completed and returned.	erator Certifcation Number: 12491			
JONES	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 5/1/2		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these \$50 cations:	
			 Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V. 		
	ATES TO RENEW:			Training Unit	S
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		G	7	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility I pr			rovide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate. Use	addtior	nal pages as needed.	!. 	
Facility / Plant Name Class			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

Date

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This is page one of	f a two page form. Both pages must be completed and r	returned. Op	d. Operator Certification Number: 12493				
	Please enter you're current address on the lines below and, if necess	f necessary,	Certification(s) shown below will expire on: 5/1/2025				
cc	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50				
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		te will		
I. CERTIFICA	TES TO RENEW:			Training U	nits		
Certification Typ	e Category		Class	Required			
TEMPORARY	WASTEWATER TREATM	ENT	5	45			
TEMPORARY	WASTEWATER TREATM	ENT	А	24			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #	#:			
Number of Facilities	s (or Plants) that you currently operate:		I am employe	ed by the Facility owne	er		
I am currently not operating any Facility			I provide contractual services to the Facility				
Please provide the f	following information about each Facility/Plant that you o	perate. Use addtio	onal pages as nee	eded.			
Facility / Plant Nam	e	Class F	DWIS (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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Last 4 digits of Social Security Number

Email Address

Date

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GOLDRING	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) s below will exp			
				The fee to renew these certifications: \$100			
				 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. 			
	ATES TO RENEW:	_			Training Units		
Certification T	ӯре	Category		Class	Required		
TEMPORARY	,	WATER TREATMENT		1	24		
TEMPORARY	,	WASTEWATER TREATMENT		5	45		
TEMPORARY		WASTEWATER TREATMENT		A	24		
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name	2:			Phone #:			
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner			
I am currently no	t operating any Facility	7 —	I pro	ovide contractual serv	vices to the Facility		
Please provide th	e following information ab	out each Facility/Plant that you operc	te. Use addtio	nal pages as needed.			
Facility / Plant Na	ame		Class P.	DWIS (Water) NPI	DES (Wastewater)		



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This is page one	e of a two page form. Both pages must be completed and retur	ned. Ope	Operator Certifcation Number: 12596			
DAVIS	Please enter you're current address on the lines below and, if necess		Certification(s) shown below will expire on: 5/1/2025 The fee to renew these certifications: \$100			
correct the City, state and ZIP Code. Please print legibly						
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.			
	ATES TO RENEW:			Training Units		
Certification 7	ype Category		Class	Required		
TEMPORARY	INDUSTRIAL WASTEWATER		2	0		
TEMPORARY	WATER TREATMENT		1	24		
TEMPORARY	WASTEWATER TREATMENT		3	45		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	x.		Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			rovide contractual services to the Facility			
Please provide th	e following information about each Facility/Plant that you operation	te. Use addtior	ial pages as neede	ed.		
Facility / Plant N	ame	Class Pl	OWIS (Water) N	IPDES (Wastewater)		



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- 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.
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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

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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	rned. Oj	d. Operator Certification Number: 12673				
RAWLINGS	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) shown below will expire on: 5/1/2025 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:	• •			r	Fraining Units	
Certification 7	Гуре	Category		Class	F	Required	
TEMPORARY	/	WASTEWATER TREATMEN	Т	5	Z	15	
TEMPORARY	/	WASTEWATER TREATMEN	Т	А	2	24	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	e:			Phone #	#:		
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently not operating any Facility			I p	I provide contractual services to the Facility			
Please provide th	he following information at	oout each Facility/Plant that you oper	ate. Use addtio	onal pages as nee	eded.		
Facility / Plant N	ame		Class 1	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- 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.			Operator Certification Number: 1324			
	you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp			
correct the Ci	ty, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100		
			Failure to complete or subn requirements by the expirati result in an additional lat described in Section			
I. CERTIFICATES TO	RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT EMPLOYM	IENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants)) that you currently operate:		I am employed by	the Facility owner		
I am currently not operating any	y Facility	I pi	provide contractual services to the Facility			
Please provide the following inf	formation about each Facility/Plant that you operate.	Use addtic	onal pages as needed.			
Facility / Plant Name		Class F	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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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	This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 1397			
CONRAD	2	t address on the lines below and, if nec	cessary,	certification(s) below will exp			
	correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications	\$50	
				 Failure to complete or submit reprint requirements by the expiration dangement in an additional late fees described in Section V. 		piration date will nal late fees as	
I. CERTIFIC	ATES TO RENEW:	- -			٦	Fraining Units	
Certification T	уре	Category		Class	F	Required	
OPERATOR		WASTEWATER TREATMENT	Г	А		16	
OPERATOR		WASTEWATER TREATMENT	Г	5	3	30	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone #	#:		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	Facility owner	
I am currently not	t operating any Facility		I pi	I provide contractual services to the Facility			
Please provide th	e following information ab	pout each Facility/Plant that you oper	ate. Use addtio	onal pages as nee	eded.		
Facility / Plant Na	ame		Class I	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

Date

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This is page on	`his is page one of a two page form. Both pages must be completed and return			Operator Certification Number: 1467			
YIANNAKIS	Please enter you're current address on the lines below and, if necessar			Certification(s) below will exp			
	correct the City,	state and ZIP Code. Please print legibly		The fee to renew certific	\$50		
				— requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFICATES TO RENEW:					Training Units		
Certification 7	уре	Category		Class	Required		
SUPERINTEN	IDENT	WASTEWATER TREAT	MENT	5	7		
II. CURRENT	EMPLOYME	NT INFORMATION					
Employer's Name	e:			Phone #:			
Number of Facili	ties (or Plants) th	at you currently operate:		I am employed by	y the Facility owner		
I am currently no	t operating any F	acility	I	I provide contractual services to the Facility			
Please provide th	ne following infor	mation about each Facility/Plant that yo	ou operate. Use ada	ltional pages as needed.			
Facility / Plant N	ame		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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			Operator Certification Number: 1470			
	Please enter you're current address on the lines below and, if necessary,	ν,	Certification(s) below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.		
	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:	_		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not	operating any Facility	I pr	provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.			
Facility / Plant Na	cl Cl	lass P	DWIS (Water) NP	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

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Email Address

Date

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This is page one	e of a two page form. Both pages must be comple	Operator Certifcation Number: 1476				
RIESS	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex			
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew certific	w these \$50 cations:		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units		
Certification 7	ype Category		Class	Required		
OPERATOR	WATER TREATM	ENT	4	30		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	::		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 provide contractual set	provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant	that you operate. Use ad	dtional pages as needed	!.		
Facility / Plant N	ame	Class	PDWIS (Water) NF	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.
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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 compl	eted and returned.	I. Operator Certification Number: 1733			
	Please enter you're current address on the lines below and, if necess		Certification(s) below will ex			
cor	rect the City, state and ZIP Code. Please print	legibly.	The fee to rene certif	w these \$50		
			requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification Type	e Category		Class	Required		
SUPERINTENDE	NT INDUSTRIAL WAS	STEWATER	5	7		
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		I provide contractual services to the Facility			
Please provide the fo	llowing information about each Facility/Plant	that you operate. Use add	dtional pages as neede	<i>d.</i>		
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one of a two page form. Both pages must be completed and returned.	Operator Certifcation Number:	2055
GETCHELL Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on:	5/1/2025
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

	uescribeu în Section v.		
I. CERTIFICATES TO RENI	EW:		Training Units
Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	1	16
SUPERINTENDENT	WASTEWATER TREATMENT	А	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WATER TREATMENT	1	7
OPERATOR	WASTEWATER TREATMENT	А	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30

II. CURRENT EMPLOYMENT INFORMATION

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

(OVER)

wwso.board@maryland.gov



III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

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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 retu	rned.	Operator Certification Number: 2095			
	Please enter you're current address on the lines below and, if necessary		Certification(s below will e		5/1/2025	
	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 f described in Section V		ation date will late fees as	
	ATES TO RENEW:				ining Units	
Certification Ty	vpe Category		Class	Rec	uired	
TEMPORARY	WASTEWATER TREATMENT	Г	4	24		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:	_		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not	operating any Facility]	I provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you oper	ate. Use add	ltional pages as neede	ed.		
Facility / Plant Na	me	Class	PDWIS (Water) N	IPDES (Wa	stewater)	



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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.	rned. Ope	Operator Certification Number: 2139				
JOHNSON		t address on the lines below and, if ne	cessary,	Certification(s) below will exp		
	correct the City, state and	City, state and ZIP Code. Please print legibly.		The fee to renev certific	v these \$100	
				Failure to complete or subm requirements by the expiration		
				result in an a	dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW			ucseriov	Training Units	
Certification ⁻	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMEN	Т	А	16	
OPERATOR		WASTEWATER TREATMEN	Т	5	30	
OPERATOR		WATER TREATMENT		3	30	
OPERATOR		WATER TREATMENT		5RO	16	
II. CURRENT	FEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cur	rrently operate:		I am employed b	y the Facility owner	
I am currently no	ot operating any Facility		I pro	ovide contractual services to the Facility		
Please provide t	he following information al	oout each Facility/Plant that you oper	ate. Use addtior	nal pages as needed		
Facility / Plant N	Jame		Class PI	OWIS (Water) NP	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necessa		Certification(s) below will ex			
correct the City,	state and ZIP Code. Please print legibly.		The fee to renev certifi	w these \$50 cations:		
			 requirements by result in an a 	olete or submit renewal the expiration date will additional late fees as ed in Section V.		
I. CERTIFICATES TO R	ENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMEN	Т	5	30		
OPERATOR	WASTEWATER TREATMEN	Т	А	16		
II. CURRENT EMPLOYME	NT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) th	at you currently operate:		I am employed b	by the Facility owner		
I am currently not operating any Fa	acility	I p	I provide contractual services to the Facility			
Please provide the following infor	mation about each Facility/Plant that you oper	rate. Use addti	onal pages as needea	1.		
Facility / Plant Name		Class]	PDWIS (Water) NF	PDES (Wastewater)		
				_		



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This is page one of a two page form. Bot	ned. Op	Operator Certifcation Number: 2256			
•	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: 5/1/2025		
correct the City, state and			The fee to ren certi	ew these fications: \$50	
			requirements h result in an	nplete 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	
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	rrently 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 at	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)	



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.
- 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.

This is page one of a two page form. Both pages must be completed and returned				Operator Certifcation Number: 2298			
	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		f necessary,		Certification(s) shown below will expire on: 5/1/2025		
				The fee to renew these certifications: \$100			
				requirements	r submit renewal spiration date will nal late fees as Section V.		
I. CERTIFIC	ATES TO RENEW:	<u>L</u>				Training Units	
Certification T	уре	Category		Class		Required	
OPERATOR		WASTEWATER COLLEC	TION	2		16	
OPERATOR		WATER DISTRIBUTION		1		16	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone	#:		
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employ	red by the l	Facility owner	
I am currently not	operating any Facility		Ι	provide contractua	l services	to the Facility	
Please provide the	e following information al	out each Facility/Plant that you	operate. Use addi	tional pages as nee	eded.		
Facility / Plant Na	ume		Class	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

Date

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This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	2304	
MCVEY	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) show below will expire o		5/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renev certifi	w these ications:	\$50
			requirements by result in an 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	WATER TREATMENT		4	3	0
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	by the Fa	acility owner
I am currently not	t operating any Facility	I pr	ovide contractual se	rvices to	the Facility
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Facility / Plant Na	ame Cla	ass P	DWIS (Water) NI	PDES (V	Vastewater)



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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.	. Op	Operator Certification Number: 2355			
BITANGO	Please enter you're current address on the lines below and, if necessary	ry,	Certification(s below will e		5/1/2025	
с	correct the City, state and ZIP Code. Please print legibly.		The fee to rend certif	ew these fications:	\$50	
			- requirements b result in an	submit renewal iration date will al late fees as ction V.		
	CATES TO RENEW:				raining Units	
Certification	Type Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	1	6	
II. CURRENT	EMPLOYMENT INFORMATION					
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 pr	ovide contractual s	ervices 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	lame C	Class P	PDWIS (Water) N	PDES (V	Vastewater)	



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: 2457			
	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 below will	n(s) shown expire on:	5/1/2025	
correc				The fee to renew these certifications: \$50			
				- requirements result in a	submit renewal biration date will al late fees as ection V.		
I. CERTIFICA	ATES TO RENEW:				т	raining Units	
Certification Ty	ире	Category		Class		equired	
OPERATOR		WASTEWATER TREATMENT		5	3	0	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT I	EMPLOYMENT INFO	ORMATION					
Employer's Name:				Phone #	<i>t</i> :		
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employe	ed by the Fa	acility owner	
I am currently not	operating any Facility]	I pi	rovide contractual	l services to	the Facility	
Please provide the	following information ab	out each Facility/Plant that you opera	te. Use addtic	onal pages as nee	ded.		
Facility / Plant Nat	me		Class F	PDWIS (Water)	NPDES (V	Vastewater)	



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HARGROVE	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) shown below will expire on: 5		5/1/2025	
	correct the City, state and ZIP C	ode. Please print legibly.		The fee to ren certi	ew these fications:	\$50	
				requirements h result in an	submit renewal iration date will al late fees as ction V.		
	ATES TO RENEW:					raining Units	
Certification 7	ype Cate	gory		Class	R	equired	
OPERATOR	WAS	STEWATER COLLECTION	١	2	10	6	
II. CURRENT	EMPLOYMENT INFORM	ATION					
Employer's Name	»:			Phone #:			
Number of Facili	ties (or Plants) that you currently	operate:		I am employed	l by the Fa	cility owner	
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Please provide th	e following information about ea	ch Facility/Plant that you opera	te. Use add	tional pages as need	ed.		
Facility / Plant N	ame		Class	PDWIS (Water) N	NPDES (W	Vastewater)	



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This is page one of a two page form. Both	ned. Op	Operator Certification Number: 2658				
•	Please enter you're current address on the lines below and, if necess		Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50			
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d 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	rrently operate:		I am employed by	the Facility owner		
I am currently not operating any Facility		I pr	ovide contractual serv	vices to the Facility		
Please provide the following information al	pout each Facility/Plant that you operat	e. Use addtio	nal pages as needed.			
Facility / Plant 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.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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This is page one of a two page	form. Both pages must be completed and retu	rned. Oj	Operator Certification Number: 2684			
	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: 5/1/2025			
correct the Cit			The fee to renew these certifications: \$50			
			requirements - result in a	bmit renewal ation date will late fees as ion V.		
I. CERTIFICATES TO	<u>RENEW:</u>			Tra	ining Units	
Certification Type	Category		Class	Red	quired	
OPERATOR	WASTEWATER TREATMENT	Г	5	30		
OPERATOR	WASTEWATER TREATMENT	Г	А	16		
II. CURRENT EMPLOYM	ENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plants)	that you currently operate:		I am employ	ed by the Faci	lity owner	
I am currently not operating any	Facility	I p	rovide contractua	l services to t	he Facility	
Please provide the following info	ormation about each Facility/Plant that you operation	ate. Use addtio	onal pages as nee	ded.		
Facility / Plant Name		Class 1	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
- 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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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2701			
HIMMEL, JR. Please er	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) below will ex		5/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50	
			Failure to complete or submit requirements by the expiration d result in an additional late fee described in Section V.		piration date will al late fees as	
	ATES TO RENEW:			Т	raining Units	
Certification Ty	ype Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		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	Ιp	rovide contractual se	ervices to	the Facility	
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed	d.		
Facility / Plant Na	ame Cl.	ass l	PDWIS (Water) N	PDES (V	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 one of a two page form. Both	h pages must be completed and return	ed. Op	erator Certifcation N	lumber: 2723	
•	Please enter you're current address on the lines below and, if necess	ssary,	Certification(s) shown below will expire on: 5/1/2025		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	v these \$50 cations:	
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described 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	rrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I pr	ovide contractual ser	rvices to the Facility	
Please provide the following information al	pout each Facility/Plant that you operate	e. Use addtio	nal pages as needed		
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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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	e of a two page form. Both pages must be completed and returned.	Ope	erator Certifcatio	n Number:	2729
	Please enter you're current address on the lines below and, if necessary,		Certification below will	n(s) shown expire on:	5/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$50
			 Failure to complete or submit representation dant requirements by the expiration dant result in an additional late fees described in Section V. 		piration date will al late fees as
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		4	3	0
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name			Phone #	ŧ:	
Number of Facili	ties (or Plants) that you currently operate:		I am employe	ed by the F	acility owner
I am currently no	t operating any Facility	I pro	ovide contractual	l services to	o the Facility
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtion	nal pages as need	ded.	
Facility / Plant N	ame Cla	ass PI	OWIS (Water)	NPDES (V	Wastewater)
					_



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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Email Address

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This is page one of a two	page form. Both pages must be completed and re	turned. O	perator Certifcatio	on Number: 2757		
	Please enter you're current address on the lines below and, if necessa	necessary,		Certification(s) shown below will expire on: 5/1/2025		
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I. CERTIFICATES	TO RENEW:			Training U	nits	
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATME	ЛТ	5	30		
OPERATOR	WASTEWATER TREATME	NT	А	16		
II. CURRENT EMPLO	DYMENT INFORMATION					
Employer's Name:			Phone #	¥:		
Number of Facilities (or Pla	ants) that you currently operate:		I am employe	ed by the Facility owne	er	
I am currently not operating	g any Facility	Ιŗ	provide contractual	l services to the Facilit	у	
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Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater))	



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

Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

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

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



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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: 2783			
		nt address on the lines below and, if necessary,	Certification(s) below will exp			
correct the City, state and ZIP Code. Please print legibly.		legibly.	The fee to renew certific	v these \$50 cations:		
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.		
	ES TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	INDUSTRIAL WA	STEWATER	2	0		
II. CURRENT EM	PLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently not ope	rating any Facility		I provide contractual ser	rvices to the Facility		
Please provide the fol	lowing information about each Facility/Plan	t that you operate. Use ad	dtional pages as needed	·		
Facility / Plant Name		Class	PDWIS (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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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	ned.	Operator Certification Number: 2825			
GRIFFITH	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will exp			
CO	correct the City, state and ZIP Code. Please print legibly.		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.		
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
TEMPORARY	Y WASTEWATER TREATMENT		3	45		
II. CURRENT	SEMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner		
I am currently no	ot operating any Facility	I	provide contractual ser	vices to the Facility		
Please provide t	he following information about each Facility/Plant that you operat	te. Use ada	ltional pages as needed.			
Facility / Plant N	Jame	Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2862			
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFIC	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
TEMPORARY	WATER TREATMENT		2	24		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not	operating any Facility	Ι	provide contractual serv	vices to the Facility		
Please provide the	e following information about each Facility/Plant that you operat	e. Use add	tional pages as needed.			
Facility / Plant Na	me	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 of a two page form. Bo	th pages must be completed and retur	ned. Oj	perator Certifcatio	on Number	r: 2903
5	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) shown below will expire on: 5/1/2025		
correct the City, state an	d ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$50
			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. CERTIFICATES TO RENEW	<u>V:</u>				Training Units
Certification Type	Category		Class	I	Required
OPERATOR	WASTEWATER TREATMENT		5	:	30
OPERATOR	WASTEWATER TREATMENT		А		16
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 l	Facility owner
I am currently not operating any Facility		I p	rovide contractua	l services	to the Facility
Please provide the following information of	about each Facility/Plant that you opera	te. Use addti	onal pages as nee	eded.	
Facility / Plant Name		Class]	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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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. Bo	th pages must be completed and retur	ned. Op	erator Certifcation N	Number: 3037
	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifi	w these \$50 cations:
			Failure to complete or submit renered requirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIFICATES TO RENEW	<u>V:</u>			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		А	7
II. CURRENT EMPLOYMENT IN	FORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you c	urrently 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 of	about each Facility/Plant that you opera	te. Use addtio	nal pages as needea	1.
Facility / Plant Name		Class P	DWIS (Water) NF	PDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Ope	Operator Certifcation Number: 3043			
		ou're current address on the lines below and, if necessary,	,	Certificatio below wil	n(s) shown l expire on:	5/1/2025	
correct the City, state and ZIP Code. Please print legibly.		lease print legibly.		The fee to r ce	enew these rtifications:	\$50	
				Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		piration date will al late fees as	
	TES TO RENEW:					raining Units	
Certification Typ	e Category			Class	F	Required	
OPERATOR	WASTEV	ATER COLLECTION		2	1	6	
II. CURRENT E	MPLOYMENT INFORMATIC	DN					
Employer's Name:				Phone	#:		
Number of Facilitie	(or Plants) that you currently operate	e:		I am employ	red by the F	acility owner	
I am currently not o	perating any Facility		I pro	provide contractual services to the Facility			
Please provide the j	ollowing information about each Fa	cility/Plant that you operate. Use	e addtion	al pages as nee	eded.		
Facility / Plant Nam	e	Cla	ass PI	OWIS (Water)	NPDES (V	Wastewater)	



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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 or	e of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	umber: 3187
	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
			Failure to complete or submit re requirements by the expiration de result in an additional late fee described in Section V.	
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
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 ne	ot operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide i	he following information about each Facility/Plant that you operate. U	se addti	onal pages as needed.	
Facility / Plant N	Name C	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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Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Email Address

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This is page one of a two page form. Bot	th pages must be completed and return	ned. Op	erator Certifcatio	on Numbe	r: 3397	
<i>.</i>	Please enter you're current address on the lines below and, if necessar	ssary,	Certification(s) shown below will expire on: 5/1/2025			
correct the City, state and	d ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$50	
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		xpiration date will nal late fees as	
I. 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	FORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities (or Plants) that you cu	irrently operate:		I am employed by the Facility owner			
I am currently not operating any Facility		I pr	ovide contractua	l services	to the Facility	
Please provide the following information a	bout each Facility/Plant that you operat	e. Use addtio	nal pages as nee	eded.		
Facility / Plant Name		Class P	DWIS (Water)	NPDES ((Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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

This is page on	Operator Certifcation Number: 3509					
DELLINGER	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		necessary,	Certification below will		5/1/2025
				The fee to re cer	new these tifications:	\$50
				Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.		iration date will al late fees as
	CATES TO RENEW:					raining Units
Certification ⁻	Гуре С	ategory		Class	R	equired
TEMPORARY	Ý V	ASTEWATER TREATMEN	ЛТ	1	2	4
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Nam	e:			Phone #	:	
Number of Facil	ties (or Plants) that you current	tly operate:		I am employe	d by the Fa	cility owner
I am currently no	t operating any Facility]	provide contractual	services to	the Facility
Please provide ti	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 (V	Vastewater)



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 return	Operator Certifcation Number: 3517		
	Please 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	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	Ιŗ	provide contractual ser	vices to the Facility
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Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two	o page form. Both pages must be completed and retur	Operator Certification Number: 3563		
EBERSOLE, JR Please en	essary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICATES				Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	l	2	16
II. CURRENT EMPLO	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 operatin	ng any Facility	Ιp	provide contractual serv	vices to the Facility
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BARNHART	Please enter you're current address on the lines below and, if necessary,			Certification(s) s below will exp	5/1/2025
	correct the City, s	orrect 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.
	CATES TO RE				Training Units
Certification 7	Гуре	Category		Class	Required
SUPERINTEN	IDENT	WATER TREATMENT		5GW	7
II. CURRENT	EMPLOYMEN	NT INFORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that	t you currently operate:		I am employed by	y the Facility owner
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

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- 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. Bot	ed. Op	Operator Certification Number: 4005			
SPEARMAN, JR. 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: 5/1/2025		
			The fee to renew these certifications: \$50		
			 Failure to complete or submit rene requirements by the expiration dat result in an additional late fees described in Section V. 		
I. CERTIFICATES TO RENEW	<u>.</u>			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER TREATMENT		А	7	
SUPERINTENDENT	WASTEWATER TREATMENT		5	7	
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you cu	rrently operate:		I am employed	d by the Facility owner	
I am currently not operating any Facility		I pı	ovide contractual s	services to the Facility	
Please provide the following information al	oout each Facility/Plant that you operate	e. Use addtio	onal pages as need	ed.	
Facility / Plant Name		Class F	DWIS (Water) N	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- 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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Please verify your information shown on this application and make any corrections as needed.

This is page on	e of a two page form. Both pages must be completed and returned	perator Certifcation Number: 4007		
SEESMAN	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			 Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V. 	
	CATES TO RENEW:			Training Units
Certification ⁻	Гуре Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		1	16
II. CURRENT	CEMPLOYMENT INFORMATION			
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	Ιp	rovide contractual ser	vices to the Facility
Please provide th	he following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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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: 4009		
	5	nt address on the lines below a	· · · · · · · · · · · · · · · · · · ·	Certification(s below will e	5/1////5	
	correct the City, state and	l ZIP Code. Please print legibl	у.	The fee to rene certif	ew these \$50 fications:	
				requirements b result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
	ATES TO RENEW				Training Units	
Certification Ty	уре	Category		Class	Required	
SUPERINTEN	DENT	WASTEWATER COLL	ECTION	2	7	
II. CURRENT	EMPLOYMENT INF	FORMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you cu	irrently operate:		I am employed	by the Facility owner	
I am currently not	operating any Facility			I provide contractual s	ervices to the Facility	
Please provide the	e following information a	bout each Facility/Plant that y	ou operate. Use ad	dtional pages as neede	rd.	
Facility / Plant Na	me		Class	PDWIS (Water) N	PDES (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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CAREY	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) show below will expire o		5/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications:	\$50
			Failure to complete or submit 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 7	ype Category		Class	R	equired
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x		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 pro	vide contractual s	services to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtion	al pages as need	ed.	
Facility / Plant N	ame C	Class PI	OWIS (Water) N	NPDES (V	Vastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Last 4 digits of Social Security Number

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This is page one of a two page form. Both pages must be completed and returned				Operator Certification Number: 4148		
	Please enter you're current address on the lines below and, if necessary,	· · · ·	Certification below will		5/1/2025	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to re cer	new these tifications:	\$50
				 Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V. 		iration date will al late fees as
	CATES TO RENEW	_				raining Units
Certification 7	Гуре	Category		Class	Re	equired
OPERATOR		INDUSTRIAL WASTEV	VATER	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	\neg		I provide contractual	services to	the Facility
Please provide th	he following information a	bout each Facility/Plant that y	ou operate. Use ad	dtional pages as need	ded.	
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (W	/astewater)



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This is page on	e of a two page form. Both pages must be complet	ed and returned.	Operator Certification N	umber: 4591
BOHASKA	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifi	v these \$50 cations:
			— requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATME	NT	1	16
II. CURRENT	EMPLOYMENT INFORMATION			
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
Please provide t	he following information about each Facility/Plant th	nat you operate. Use ad	dtional pages as needed	!
Facility / Plant N	lame	Class	PDWIS (Water) NF	PDES (Wastewater)



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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 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 on	Op	Operator Certification Number: 4987			
HAMPSHIRE	Please enter you're current address on the lines below and, if necessary,		Certification(s) show below will expire o		\$50
cc	correct the City, state and ZIP Code. Please print legibly.		The fee to rener certifi	w these cations:	
			Failure to complete or submit representation of the expiration of		biration date will al late fees as
I. CERTIFIC	CATES TO RENEW:			т	raining Units
Certification 7	ype Category		Class	R	equired
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		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	ne following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed	l.	
Facility / Plant N	ame Cla	ass P	DWIS (Water) NI	PDES (V	Vastewater)



III. CONTINUING EDUCATION:

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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 Nu	mber: 5045
HAGGERTY	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	5/1//0/5
correct the City, state and ZIP Code. Please print legibly.	ly.	The fee to renew certifica	\$50	
			— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WATER TREATMENT		3	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	Ι	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) NPD	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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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 com	Operator Certifcatio	Operator Certifcation Number: 5090			
MCLAIN	Please enter you're current address on the lines below and, if necessary,		Certification below wil	n(s) shown l expire on:	5/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50	
			Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.		iration date will I late fees as	
	CATES TO RENEW:				aining Units	
Certification ⁻	Type Category		Class	Re	equired	
OPERATOR	WATER TREATM	/IENT	1	16	3	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #	#:		
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ed by the Fa	cility owner	
I am currently no	ot operating any Facility		I provide contractua	l services to	the Facility	
Please provide th	he following information about each Facility/Plan	nt that you operate. Use ad	ldtional pages as nee	eded.		
Facility / Plant N	lame	Class	PDWIS (Water)	NPDES (W	astewater)	



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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 returne	e d. O	Operator Certification Number: 5261			
	se enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	renew these \$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
	ES TO RENEW:			Training Units		
Certification Type	Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		3	30		
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 ope	rating any Facility	Ιp	provide contractual serv	vices to the Facility		
Please provide the foll	lowing information about each Facility/Plant that you operate.	Use addti	onal pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



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Applicant's Signature:

Last 4 digits of Social Security Number

Email Address

Date

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JONES	Please enter you're current address on the lines below and, if necess		cessary,	Certification(s below will e	· .	/1/2025	
	correct the City, stat	correct the City, state and ZIP Code. Please print legibly.		The fee to rend certif	ew these fications: \$2	100	
				Failure to com			
				 requirements by the expiration da result in an additional late fees described in Section V. 		te fees as	
I. CERTIFI	CATES TO REN	EW:		ucseri		ning Units	
Certification	Туре	Category		Class	Requ		
OPERATOR		WASTEWATER TREATMEN	Т	5	30		
OPERATOR		WASTEWATER TREATMEN	Т	А	16		
SUPERINTE	NDENT	WASTEWATER TREATMEN	Т	5	7		
SUPERINTE	NDENT	WASTEWATER TREATMEN	Т	А	7		
II. CURREN	FEMPLOYMENT	INFORMATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that y	ou currently operate:		I am employed	by the Facili	ty owner	
I am currently n	ot operating any Facili	ty	I pr	ovide contractual s	ervices to the	Facility	
Please provide	the following informat	ion about each Facility/Plant that you oper	ate. Use addtio	nal pages as neede	ed.		
Facility / Plant 1	Name		Class P	DWIS (Water) N	PDES (Wast	ewater)	



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This is page one of	a two page form. Both pa	perator Certifcation Number: 6531			
	Please enter you're current address on the lines below and, if necessary,		lecessary,	Certification(s) s below will exp	5/1/2025
co	rrect the City, state and ZII	Code. Please print legibly.		The fee to renew certifica	\$50
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	<u>FES TO RENEW:</u>				Training Units
Certification Typ	e Ca	ategory		Class	Required
SUPERINTENDE	ENT W	ATER TREATMENT		4	7
II. CURRENT EN	MPLOYMENT INFOR	MATION			
Employer's Name:				Phone #:	
Number of Facilities	(or Plants) that you curren	tly operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility		Ι	provide contractual serv	vices to the Facility
Please provide the fo	ollowing information about	each Facility/Plant that you ope	erate. Use addi	tional pages as needed.	
Facility / Plant Name	2		Class	PDWIS (Water) NPI	DES (Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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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.			ed. Ope	Operator Certification Number: 7244		
BANNING	Please enter you're current address on the lines below and, if necessar		sary,	Certification(s) shown below will expire on: 5/1/2025		
correc	correct the City, state and	ZIP Code. Please print legibly.		The fee to ren certi	ew these fications: \$50	
				 Failure to complete or submit renewants requirements by the expiration dat result in an additional late fees described in Section V. 		
	CATES TO RENEW:	-			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		S	16	
OPERATOR		WASTEWATER TREATMENT		А	16	
OPERATOR		WASTEWATER TREATMENT		4	30	
OPERATOR		WASTEWATER TREATMENT		5	30	
II. CURRENT	FEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed by the Facility owner		
I am currently ne	ot operating any Facility		I pro	ovide contractual s	services to the Facility	
Please provide i	the following information ab	out each Facility/Plant that you operate	. Use addtion	nal pages as neede	ed.	
Facility / Plant N	Vame		Class Pl	OWIS (Water) N	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- 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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Please verify your information shown on this application and make any corrections as needed.

This is page on	e of a two page form. Both pages must	Operator Certification Number: 7642		
CAMPBELL	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(below will o	
			The fee to ren certi	new these fications: \$50
			requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
	CATES TO RENEW:			Training Units
Certification ⁻	Type Category		Class	Required
OPERATOR	WASTEW	ATER COLLECTION	2	16
II. CURRENT	EMPLOYMENT INFORMATIO	N		
Employer's Nam	e:		Phone #:	
Number of Facil	ties (or Plants) that you currently operate	:	I am employed	d by the Facility owner
I am currently no	t operating any Facility		I provide contractual	services to the Facility
Please provide t	he following information about each Fact	ility/Plant that you operate. Use ad	ldtional pages as need	led.
Facility / Plant N	ame	Class	PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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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: 7966				
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 5/1/20			
	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.		
	ATES TO RENEW:			Training Units		
Certification Ty	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	Ιp	I provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addtio	onal pages as needed.			
Facility / Plant Na	me	Class I	PDWIS (Water) NPD	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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Please verify your information shown on this application and make any corrections as needed.

			Dperator Certifcation	perator Certifcation Number: 8684			
ODEGAARD	Please enter you're current address on the lines below and, if necessary,		ssary,	Certification(s) shown below will expire on: 5/1/2025			
	correct the City, state an	d ZIP Code. Please print legibly.		The fee to rer certi	new these \$100		
				requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
	CATES TO RENEW				Training Units		
Certification 7	Гуре	Category		Class	Required		
OPERATOR		WATER TREATMENT		4	30		
SUPERINTER	NDENT	WASTEWATER TREATMENT		А	7		
SUPERINTER	NDENT	WASTEWATER TREATMENT		5	7		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
II. CURRENT	EMPLOYMENT IN	FORMATION					
Employer's Nam	e:			Phone #:			
Number of Facili	ities (or Plants) that you c	urrently operate:		I am employed	I am employed by the Facility owner		
I am currently no	ot operating any Facility		Ι	provide contractual	services to the Facility		
Please provide th	he following information d	about each Facility/Plant that you operate	e. Use addi	tional pages as need	ed.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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MCWILLIS	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) shown below will expire on:		5/1/2025	
correct the City, state and ZIP Code. Please print legibly.				The fee to re	enew these rtifications:	\$50	
				Failure to complete or s requirements by the exp result in an additiona described in Sec		oiration date will al late fees as	
	CATES TO RENEW:					raining Units	
Certification	Туре С	ategory		Class	R	equired	
OPERATOR	V	VASTEWATER TREATME	NT	5	3	0	
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Nam	e:			Phone #	#:		
Number of Facil	ities (or Plants) that you curre	ntly operate:		I am employ	ed by the Fa	acility owner	
I am currently no	ot operating any Facility			I provide contractual services to the Facility			
Please provide t	he following information abou	t each Facility/Plant that you of	perate. Use add	dtional pages as nee	ded.		
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Email Address

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This is page on	e of a two page form. Both pages must be completed and returned.	Operato	Operator Certification Number: 8703			
GAVER, 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:		5/1/2025	
				enew these ertifications:	\$50	
		Failure to complete or s requirements by the exp result in an additions described in Se		oiration date will al late fees as		
	CATES TO RENEW:				raining Units	
Certification ⁻	Type Category		Class	R	equired	
OPERATOR	WATER TREATMENT		4	3	0	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	2:		Phone	#:		
Number of Facil	ties (or Plants) that you currently operate:	Ι	am employ	ved by the Fa	acility owner	
I am currently no	t operating any Facility	I provide	provide contractual services to the Facility			
Please provide t	he following information about each Facility/Plant that you operate. Use	addtional p	ages as nee	eded.		
Facility / Plant N	ame Cla	uss PDWI	S (Water)	NPDES (V	Wastewater)	



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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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- 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 returned.	Op	Operator Certifcation Number: 9074			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 5/1/2			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific			
			- requirements by result in an ac	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
	TES TO RENEW:			Training Units		
Certification Ty	category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT E	MPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not o	perating any Facility	I pı	provide contractual services to the Facility			
Please provide the	following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.			
Facility / Plant Nan	ne Cl	lass F	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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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: 9138				
CARBAUGH	Please enter you're current address on the lines below and, if necessary,		ry,	Certification(s) below will exp		5/1/2025		
correct the City, state and ZIP Code. Please print legibly.				The fee to renew certific		\$50		
				Failure to complete or s requirements by the expi result in an additiona described in Sec		iration date will Il late fees as		
	CATES TO RENEW:					aining Units		
Certification 7	Type Catego	γ		Class	Re	equired		
OPERATOR	WATEF	R TREATMENT		3	30)		
II. CURRENT	EMPLOYMENT INFORMAT	ION						
Employer's Nam	2:			Phone #:				
Number of Facili	ties (or Plants) that you currently ope	rate:		I am employed b	y the Fa	cility 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 l	Facility/Plant that you operate. U	Use addtio	onal pages as needed.				
Facility / Plant N	ame		Class 1	PDWIS (Water) NP	DES (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

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Please enter you're current address on the lines below and, if necessary, below will expire on:				
correct the City, state and ZIP Code. Please print legibly. The fee to renew these certifications:	\$50			
Failure to complete or so requirements by the expi result in an additiona described in Sec	ration date will l late fees as			
I. CERTIFICATES TO RENEW: Tra	Training Units			
	quired			
OPERATOR WASTEWATER TREATMENT 5 30)			
OPERATOR WASTEWATER TREATMENT A 16	;			
II. CURRENT EMPLOYMENT INFORMATION				
Employer's Name: Phone #:				
Number of Facilities (or Plants) that you currently operate: I am employed by the Fac	cility owner			
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Facility / Plant Name Class PDWIS (Water) NPDES (Water)	astewater)			



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Date

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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: 9287				
THOMAS	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) shown below will expire on: 5		5/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these cations:	\$50	
			Failure to complete or su requirements by the expin result in an additional described in Sect		iration date will al late fees as	
	ATES TO RENEW:				raining Units	
Certification T	ype Category		Class	R	equired	
OPERATOR	WATER TREATMENT		1	1	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Fa	cility owner	
I am currently not	t operating any Facility	I pr	provide contractual services to the Facility			
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed			
Facility / Plant Na	ame Cla	ass P	DWIS (Water) NP	DES (W	Vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature:

Date

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	Operator Certification Number: 9453			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 5/1		5/1/2025	
(correct the City, state and ZIP Code. Please print legibly.		The fee to ren cert	new these ifications:	\$50	
			Failure to complete or s requirements by the expi result in an additiona described in Sec		piration date will al late fees as	
	ATES TO RENEW:			т	raining Units	
Certification Ty	/pe Category		Class	R	equired	
TEMPORARY	WATER TREATMENT		3	4	5	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:	:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employe	d by the F	acility 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	addtion	al pages as need	led.		
Facility / Plant Na	me Clas	ss PI	OWIS (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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Email Address

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This is page one of a two page form. Both	ned. Op	Operator Certification Number: 9965				
	Please enter you're current address on the lines below and, if necessa			Certification(s) shown below will expire on: 5/1/2025		
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these \$100 tifications:		
			- requirements result in a	omplete or submit renew by the expiration date v n additional late fees as ribed in Section V.	will	
I. CERTIFICATES TO RENEW:				Training Unit	ts	
Certification Type	Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		7	16		
SUPERINTENDENT	INDUSTRIAL WASTEWATER		7	7		
II. CURRENT EMPLOYMENT INF	ORMATION					
Employer's Name:			Phone #	<i>t</i> :		
Number of Facilities (or Plants) that you cur	rently operate:		I am employe	ed by the Facility owner		
I am currently not operating any Facility		I pi	I provide contractual services to the Facility			
Please provide the following information ab	oout each Facility/Plant that you operat	e. Use addtio	onal pages as need	ded.		
Facility / Plant Name		Class I	DWIS (Water)	NPDES (Wastewater)		



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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature:

Date

Last 4 digits of Social Security Number

Email Address

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

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

* AN INCOMPLETE APPLICATION WILL BE RETURNED *

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



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

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	ned. Op	Operator Certification Number: 9972			
	ase enter you're current address on the lines below and, if nece	ssary,	Certification(s) shown below will expire on: 5/1/2025			
COI	correct the City, state and ZIP Code. Please print legibly.		The fee to represent	new these \$100 ifications:		
			requirements result in a	mplete or submit renewal by the expiration date will 1 additional late fees as ibed in Section V.		
I. CERTIFICA	TES TO RENEW:			Training Units		
Certification Type	e Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT EN	IPLOYMENT INFORMATION					
Employer's Name:			Phone #	:		
Number of Facilities	(or Plants) that you currently operate:		I am employe	d by the Facility owner		
I am currently not op	erating any Facility	I pr	ovide contractual	services to the Facility		
Please provide the fo	llowing information about each Facility/Plant that you operat	e. Use addtio	nal pages as need	led.		
Facility / Plant Name		Class P	DWIS (Water)	NPDES (Wastewater)		



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