

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 o	ne of a two page form. Bo	th pages must be completed and retu	irned. O	perator Certifcation Nu	mber: 0037
MASSETT	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will expi		
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
OPERATOR		WASTEWATER COLLECTIO	N	2	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			ΙI	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)	·	<u> </u>	<u> </u>



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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- I 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	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
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BOSTON	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) sl below will expi		
			The fee to renew these certifications: \$50		
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Cate	gory		Class	Required
OPERATOR	WAT	ER TREATMENT		2	16
II. CURREN	Γ EMPLOYMENT INFORM	ATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently	operate:		I am employed by	the Facility owner
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide	the following information about ea	ch Facility/Plant that you operat	e. Use addtio	onal pages as needed.	
Facility / Plant	Name		Class I	PDWIS (Water) NPD	ES (Wastewater)
		1			
		(OVER)			



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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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WARRING, III 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: The fee to renew these certifications: \$50\$	
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5A	69
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r 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 follo	wing information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant Name		Class Pl	DWIS (Water) NPD	DES (Wastewater)
	Transaction of the control of the co			
	(OVER)			



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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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WEYANT	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(s) s below will exp			
			The fee to renew certification	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.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Ca	itegory		Class	Required	
OPERATOR	W	ATER TREATMENT		3	30	
II. CURREN	T EMPLOYMENT INFOR	MATION				
Employer's Name:			Phone #:			
Number of Faci	lities (or Plants) that you current	tly operate:		I am employed by the Facility owner		
I am currently not operating any Facility			ΙŢ	I provide contractual services to the Facility		
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Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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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: 6/1		1/2025
correct the City, state an		d ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an a	plete or submit renewal the expiration date wil additional late fees as ted in Section V.	
I. CERTIFICA	ATES TO RENEW:				Training Units	
Certification Ty	/pe (Category		Class	Required	
TEMPORARY	I	NDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFO	RMATION				
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 p	rovide contractual se	ervices to the Facility	Ī
Please provide the	e following information abou	- ut each Facility/Plant that you operat	te. Use addtio	onal pages as needed	<i>l</i> .	_
Facility / Plant Name		Class I	PDWIS (Water) NI	PDES (Wastewater)		
						_



III. CONTINUING EDUCATION:

Page 2

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			- requirements by t	ete or submit renewal the expiration date will ditional late fees as
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I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
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I am currently not operating any Facility			rovide contractual serv	vices to the Facility
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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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This is page one	e of a two page form. Both pages must be completed and retu	perator Certifcation Nu	umber: 0489	
GRAVENOR	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
C			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	CATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	N	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			provide contractual serv	vices to the Facility
Please provide th	ne following information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification N	umber: 0691
NEWMAN	Please enter you're current address on the lines below and, if necess		ecessary,	Certification(s) s below will exp	
	correct the City, state a	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
					lete or submit renewal the expiration date will
				result in an ac	dditional late fees as
I. CERTIFI	CATES TO RENE	<u>W:</u>		describe	Training Units
Certification	Туре	Category		Class	Required
OPERATOR	R	WASTEWATER COLLECTION	NC	2	16
OPERATOR	2	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT IN	NFORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you	currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			provide contractual serv	vices to the Facility	
Please provide	the following information	about each Facility/Plant that you ope	erate. Use add	ltional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

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KASPRZAK	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 these certifications: \$50			
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I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURRENT	ΓEMPLOYMENT INFO	ORMATION				
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This is page one of a two p	d. Operator Certification Nun	nber: 0838			
	er you're current address on the lines below and, if necessary	Certification(s) sho eary, below will expire			
correct the	City, state and ZIP Code. Please print legibly.	The fee to renew the certification	(51)		
		requirements by th result in an add	e or submit renewal e expiration date will itional late fees as in Section V.		
I. CERTIFICATES T	O RENEW:		Training Units		
Certification Type	Category	Class	Required		
SUPERINTENDENT	WATER TREATMENT	2	7		
II. CURRENT EMPLOY	YMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plan	nts) that you currently operate:	I am employed by t	I am employed by the Facility owner		
I am currently not operating	any Facility	I provide contractual service	ces to the Facility		
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Facility / Plant Name		Class PDWIS (Water) NPDI	ES (Wastewater)		



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CASTRO	Please enter you're current address on the lines below and, if necessary		cessary,	Certification(s) below will exp	
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Certification	Type Cate	gory		Class	Required
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				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW	<u>7:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMEN	Т	5	30
OPERATOR	R	WASTEWATER TREATMEN	Т	Α	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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- 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	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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

This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation Nu	ımber: 10008
JOHNSON	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(s) s below will exp	
				The fee to renew certification	\$50
				 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RE	ENEW:			Training Units
Certification	Type	Category		Class	Required
SUPERINTE	NDENT	WATER DISTRIBUTION		1	7
II. CURREN	T EMPLOYMEN	T INFORMATION			
Employer's Nar	ne:			Phone #:	
Number of Fac	ilities (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 inform	ation about each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, 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 a	Pperator Certification N	umber: 10023		
MASUCCI	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.	y.	The fee to renew these certifications: \$50		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification ⁻	Гуре Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION	N	1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide t	he following information about each Facility/Plant that	vou operate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- · Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- 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.

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, 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: 1088		
AMBROSE	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) s below will exp			
	correct the City, state and	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner		
I am currently not operating any Facility			Ι	I provide contractual services to the Facility		
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	Class PDWIS (Water) NPDES (W			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, 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	ie of a two page form. Both pages must be completed and returned	. Operator Certifo	ation Number: 109
MLINARIC	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		tion(s) shown will expire on: 6/1/2025
			The fee to renew these certifications: \$100
		requireme result i	o complete or submit renewal nts by the expiration date will n an additional late fees as escribed in Section V.
I. CERTIFIC	CATES TO RENEW:		Training Units
Certification	Type Category	Clas	s Required
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	3	30
II. CURREN	Γ EMPLOYMENT INFORMATION		
Employer's Nan	ne:	Pho	ne #:
Number of Faci	lities (or Plants) that you currently operate:	I am emp	oyed by the Facility owner
I am currently n	ot operating any Facility	I provide contrac	tual services to the Facility
Please provide	the following information about each Facility/Plant that you operate. U	Jse addtional pages as i	needed.
Facility / Plant 1	Name (Class PDWIS (Water	r) NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10926		
	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 these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		5RO	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	::		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not	t operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide th	e following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.		
Facility / Plant Na	ame	Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	-
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 10930		
HAMMOND	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(s) s below will exp		
			The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	Ιp	rovide contractual serv	rices to the Facility	
Please provide th	he following information about each Facility/Plant that you ope	erate. Use addtie	onal pages as needed.		
Facility / Plant N	ame	Class 1	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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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 Certif	fication Number of
Operator in Resp	ponsible 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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- 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	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate(s) by emial in lieu of mail	



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This is page one of a	a two page form. Both pages must be completed and retur	ned. Opera	ntor Certification N	Number: 10938
	ase enter you're current address on the lines below and, if nec	essary,	Certification(s) below will ex	6/1//11/5
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$100
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICAT	<u>TES TO RENEW:</u>			Training Units
Certification Type	. Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	٨	2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EM	IPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not operating any Facility			ide contractual se	rvices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you opera	te. Use addtiona	l pages as needed	<u></u>
Facility / Plant Name		Class PDV	WIS (Water) NP	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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This is page one of a two page form. Both pages must be completed and returned.				erator Certification N	Tumber: 11366
•	Please enter you're current address on the lines below and, if necessary	y,	Certification(s) below will exp		
	correct the City, state and ZIP Code	t the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by result in an ac	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁷	Type Catego	γ		Class	Required
OPERATOR	WASTE	WATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMAT	ION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you currently ope	rate:		I am employed b	y the Facility owner
I am currently not operating any Facility		I pro	vide contractual ser	rvices to the Facility	
Please provide t	he following information about each l	Facility/Plant that you operate. Us	se addtion	nal pages as needed.	
Facility / Plant N	Jame	C	class PI	OWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: 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	of a two page form. Both pages must be completed and returned	d. Ope	erator Certifcation Nu	umber: 11519
•	lease enter you're current address on the lines below and, if necessary,	ary,	Certification(s) shown below will expire on: 6/1/2	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by t	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I pro	ovide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.	_
Facility / Plant Nar	ne	Class PI	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation N	umber: 11636
•	•	lease enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.	if necessary,	Certification(s) shown below will expire on: 6/1/2	
	correct the City, state an			The fee to renew these certifications: \$50	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEV	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATM	IENT	5	30
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you	currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information	about each Facility/Plant that you	operate. Use addi	tional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certification Number: 11645		
LEMASTER	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(s) below will exp			
			The fee to renew these certifications: \$50			
				 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:	1			Training Units	
Certification ⁻	Гуре	Category		Class	Required	
TEMPORARY	(WASTEWATER COLLECTION	N	2	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
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			Ιp	provide contractual services to the Facility		
Please provide t	he following information ab	out each Facility/Plant that you ope	rate. Use addti	onal pages as needed	. —	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must be completed and returned	Operator Certification Number: 12025			
	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) shown below will expire on: 6/1/2025		
c			The fee to renew these certifications: \$50		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:		46561186	Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E 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	perator Certifcation N	umber: 12196		
HOWELL	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) s below will exp		
			The fee to renew these certifications: \$50		
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:		46561156	Training Units	
Certification 7	Гуре Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide ti	he following information about each Facility/Plant that you o	pperate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page or	ne of a two page form. Both pages must be completed and return	erator Certification Number: 12298		
GRIMSLEY	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) sl below will expi	
			The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date we result in an additional late fees as described in Section V.	
I. CERTIFI	CATES TO RENEW:		described	Training Units
Certification	Type Category		Class	Required
TEMPORAR'	Y WATER TREATMENT		5DE	24
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
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Please provide i	the following information about each Facility/Plant that you operc	ate. Use addti	onal pages as needed.	
Facility / Plant 1	Name	Class 1	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Operation				erator Certifcation Number: 1	
HAILEY	Please enter you're current address on the lines below and, if necessary			on(s) shown ll expire on:	6/1/2025
	correct the City, state and ZIP Code. Please print legibly.	e print legibly.		The fee to renew these certifications: \$50	
			requirement	s by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFI	CATES TO RENEW:		ues		raining Units
Certification	Type Category		Class		equired
TEMPORAR	Y WASTEWAT	ER COLLECTION	2	2	4
II. CURREN	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone	#:	
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Facility / Plant Name			PDWIS (Water)	NPDES (W	Vastewater)



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This is page or	ne of a two page form. Bo	th pages must be completed and ret	urned. O	perator Certifcation Nu	ımber: 12354
LEGG	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	<u>CATES TO RENEW</u>	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR'	Υ	WATER DISTRIBUTION		1	24
TEMPORAR'	Υ	WASTEWATER COLLECTION	N	2	24
II. CURRENT	Γ EMPLOYMENT INF	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			ΙI	provide contractual serv	rices to the Facility
Please provide i	the following information a	— bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)		<u> </u>	



III. CONTINUING EDUCATION:

Page 2

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This is page one	e of a two page form. Both pages must be c	completed and returned.	Operator Certification	on Number: 12355	
KANE	Please enter you're current address on the lin		Certification below will	n(s) shown expire on: 6/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these tifications: \$100	
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Certification T	ype Category		Class	Required	
TEMPORARY	WASTEWATE	ER COLLECTION	1	24	
TEMPORARY	WATER DIST	RIBUTION	1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x:		Phone #	<i>t</i> :	
Number of Facili	ties (or Plants) that you currently operate:		I am employe	ed by the Facility owner	
I am currently not operating any Facility			I provide contractua	services to the Facility	
Please provide th	e following information about each Facility/	Plant that you operate. Use ad	dtional pages as nee	ded.	
Facility / Plant Na	ame	Class	PDWIS (Water)	NPDES (Wastewater)	
		(OVER)			



III. CONTINUING EDUCATION:

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

This is page of	one of a two page form.	Both pages must be completed and ret	urned. C	perator Certifcation Nu	ımber: 12356
KELLEY	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) s below will exp	6/1//01/5
				The fee to renew certification	X 1 () ()
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENI	<u> </u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER COLLECTION	N	2	24
TEMPORAF	RY	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT I	NFORMATION			
Employer's Na	ime:			Phone #:	
Number of Fac	cilities (or Plants) that you	u currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	y	Ιĵ	provide contractual serv	vices to the Facility
Please provide	e the following informatio	on about each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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This is page o	ne of a two page form. Bo	th pages must be completed and retu	irned. C	perator Certifcation Nu	mber: 12358
BOWMAN	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) s below will expi		
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	RY	WASTEWATER COLLECTIO	N	2	24
TEMPORAR	RY	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ι ₁	provide contractual serv	ices to the Facility
Please provide	the following information a	 nbout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

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Operator in Resp	ponsible Charge:

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KNOX	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) s below will expi		
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER COLLECTION	V	2	24
TEMPORAF	RY	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			ΙI	provide contractual serv	ices to the Facility
Please provide	the following information a	ubout each Facility/Plant that you operc	ite. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

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Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page o	one of a two page form. Bo	th pages must be completed and retu	rned. C	perator Certifcation N	lumber: 12360	
JENKINS	Please enter you're current address on the lines below and, if necessary	cessary,	Certification(s) below will exp			
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$100	
				requirements by result in an according to the contract of t	olete or submit renew the expiration date v dditional late fees as ed in Section V.	
	ICATES TO RENEW				Training Unit	:S
Certification	Type	Category		Class	Required	
TEMPORAR	RY	WASTEWATER COLLECTION	N	2	24	
TEMPORAR	RY	WATER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility			provide contractual ser	vices to the Facility		
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	•	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)	
						_
		(OVED)				
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: 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 con	pleted and returned.	Operator Certification	on Number: 12463
CALLOWAY	Please enter you're current address on the lines		Certification below will	n(s) shown expire on: 6/1/2025
	correct the City, state and ZIP Code. Please pri	I ZIP Code. Please print legibly.	The fee to recer	enew these stifications: \$50
			requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER	TREATMENT	Α	24
TEMPORARY	WASTEWATER	TREATMENT	5	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #	! :
Number of Facilit	ties (or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently not operating any Facility			I provide contractual	l services to the Facility
Please provide th	e following information about each Facility/Pla	ant that you operate. Use ac	ddtional pages as nee	ded.
Facility / Plant Na	ame	Class	PDWIS (Water)	NPDES (Wastewater)
		(OVER)		



III. CONTINUING EDUCATION:

Page 2

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This is page on	e of a two page form. Both pages must be completed and retu	perator Certifcation Nu	ımber: 12464	
AXLINE	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(s) s below will exp	
			The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:		40501150	Training Units
Certification 7	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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Operator in Resp	ponsible 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.
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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	-	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708	
* AN INCOMI	PLETE APPLICATION WILL B	E 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	ie of a two page form. Bot	h pages must be completed and retu	rned. O	perator Certifcation Nu	mber: 12465
COLLINS JR	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) si below will expi	6/1/20125	
			The fee to renew certifica	150	
				Failure to complete or submit renormal requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification ⁷	Type	Category		Class	Required
TEMPORARY	Y	WATER DISTRIBUTION		1	24
II. CURRENT	TEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	$\overline{}$	Ιŗ	provide contractual serv	ices to the Facility
Please provide t	he following information a	— bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	-	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708	
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This is page on	ie of a two page form. Bot	h pages must be completed and retur	ned. O	perator Certifcation N	umber:	12466
MATTOCKS	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will exp		6/1/2025	
Co	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications:		\$100
				Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		ration date will late fees as
	CATES TO RENEW	<u>:</u>			Tra	aining Units
Certification ¹	Type	Category		Class	Re	quired
TEMPORARY	Y	WASTEWATER COLLECTION	V	2	24	
TEMPORARY	Y	WATER DISTRIBUTION		1	24	
II. CURRENT	TEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed b	y the Fac	ility owner
I am currently no	ot operating any Facility		Ιp	rovide contractual ser	vices to t	he Facility
Please provide t	he following information a	bout each Facility/Plant that you opera	ıte. Use addti	onal pages as needed.		
Facility / Plant N	Name		Class	PDWIS (Water) NP	DES (Wa	astewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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This is page of	one of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certifcation Nu	mber: 12467
	Please enter you're current address on the lines below and, if necessary		cessary,	Certification(s) si below will expi	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER COLLECTIO	N	2	24
TEMPORAF	RY	WATER DISTRIBUTION		1	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		ΙĮ	provide contractual serv	ices to the Facility
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Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page one	of a two page form. Both pages mus	t be completed and returned	l. Ope	erator Certification	Number:	12468
	•	se enter you're current address on the lines below and, if necessar	ıry,	Certification(s below will e		6/1/2025
correct the City, state and ZIP Code. Please print legibly.		lease print legibly.		The fee to reno certif	ew these fications:	\$100
				requirements b result in an	y the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFICA	ATES TO RENEW:				Ti	raining Units
Certification Ty	pe Category			Class	Re	equired
TEMPORARY	WASTEV	ATER COLLECTION		2	24	4
TEMPORARY	WATER I	DISTRIBUTION		1	24	4
II. CURRENT	EMPLOYMENT INFORMATIO	ON				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you currently operate	e:		I am employed	by the Fa	cility owner
I am currently not	operating any Facility		I pro	ovide contractual s	ervices to	the Facility
Please provide the	following information about each Fa	cility/Plant that you operate. \	Use addtior	nal pages as neede	ed.	
Facility / Plant Na	me		Class PI	OWIS (Water) N	NPDES (W	astewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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This is page or	ne of a two page form. Bo	th pages must be completed and ret	urned. (Operator Certification Nu	mber: 12469
	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(s) s below will expi	
				The fee to renew certification	X 1 () ()
				requirements by t	ete or submit renewal he expiration date will ditional late fees as
					l in Section V.
I. CERTIFIC	<u>CATES TO RENEW</u>	<u>7:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR'	Υ	WASTEWATER COLLECTION	NC	2	24
TEMPORAR'	Υ	WATER DISTRIBUTION		1	24
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Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			provide contractual serv	ices to the Facility	
Please provide i	the following information a	bout each Facility/Plant that you ope	rate. Use add	tional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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	Please enter you're current address on the lines below and, if necessar	essary,	Certification(s) below will exp			
	correct the City, state and ZI	and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype C	ategory		Class	Required	
TEMPORARY	II	NDUSTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFOR	RMATION				
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			Ιp	rovide contractual ser	vices to the Facility	
Please provide the	following information abou	t each Facility/Plant that you operat	te. Use addti	onal pages as needed.		
Facility / Plant Name		Class]	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
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Please verify your information shown on this application and make any corrections as needed.

This is page one	e of a two page form. Both pages must be completed and retu	perator Certification Number: 12472			
	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(s) s below will exp		
			The fee to renew these certifications: \$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:		40501150	Training Units	
Certification 1	Type Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	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 provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.		
Facility / Plant N	ame	Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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This is page or	ne of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certifcation N	umber: 124	73
ROFFMAN	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) below will exp		/2025	
correct the	correct the City, state and	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$10	0
				Failure to comp requirements by result in an ac describe	the expiratio	n date will fees as
I. CERTIFI	CATES TO RENEW	<u>':</u>			Trainir	ng Units
Certification	Type	Category		Class	Requir	ed
TEMPORAR	Υ	WATER DISTRIBUTION		1	24	
TEMPORAR	Υ	WASTEWATER COLLECTION	N	2	24	
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility	owner
I am currently not operating any Facility			rovide contractual ser	vices to the Fa	acility	
Please provide	the following information a	 bout each Facility/Plant that you operc	ate. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastew	rater)
		(OVER)				



III. CONTINUING EDUCATION:

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This is page one	of a two page form. Both pages must be completed and return	ned. Op	erator Certifcation Nu	mber: 12475
	Please enter you're current address on the lines below and, if nece	essary,	Certification(s) si below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Na	me	Class P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			



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	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) below will ex		
correct th	correct the City, state and ZIP Cod	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
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I. CERTIFICA	ATES TO RENEW:				Training Units
Certification Ty	/pe Catego	ory		Class	Required
TEMPORARY	WAST	EWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMA	TION			
Employer's Name:				Phone #:	
Number of Faciliti	es (or Plants) that you currently or	perate:		I am employed b	by the Facility owner
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Facility / Plant Na	me		Class	PDWIS (Water) NP	DES (Wastewater)
		(OLUDA)			
		(OVER)			



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Page 2

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	Please enter you're current address on the lines below and, if necessary,	f necessary,	Certification(s) shown below will expire on: 6/1/202!			
	correct the City, state an	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
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Certification	Type	Category		Class	Required	
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Facility / Plant 1	Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necessary	cessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew 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	CATES TO RENEW:			Training Units
Certification ⁻	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner	
I am currently not operating any Facility		I pi	I provide contractual services to the Facility	
Please provide t	he following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.	
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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I consent to receive my certificate()	s) by emial in lieu of mail	



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		address on the lines below and, if necessary, ZIP Code. Please print legibly.	Certification(below will o	
co	orrect the City, state and ZIP Code. Please pr		The fee to ren	new these fications: \$50
			requirements l	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Type	oe Category		Class	Required
TEMPORARY	INDUSTRIAL V	/ASTEWATER	2	0
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:		_	I am employed by the Facility owner	
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III. CONTINUING EDUCATION:

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Operator in Resp	ponsible Charge:

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This is page on	e of a two page form. Both pages must b	Operator Certification	Number: 12480	
HOLLOWAY	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on: 6/1/202		
	correct the City, state and ZIP Code. Plea	ect the City, state and ZIP Code. Please print legibly.	The fee to reno certif	ew these ications: \$50
			requirements b	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	ype Category		Class	Required
TEMPORARY	WATER DI	STRIBUTION	1	24
II. CURRENT	EMPLOYMENT INFORMATION	N		
Employer's Name	e: __		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Facility owner
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Please provide th	ne following information about each Facil	ity/Plant that you operate. Use a	ddtional pages as neede	<i></i>
Facility / Plant N	ame	Class	PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must be completed and return	erator Certifcation Nu	umber: 12481	
	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification(s) 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 lditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
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 employed by	the Facility owner
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Page 2

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BONDS		Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will exp		5
correct the Cit	correct the City, state and			The fee to renew certific	v these cations: \$100	
				requirements by result in an ac	lete or submit rener the expiration date dditional late fees a ed in Section V.	will
	ICATES TO RENEW	<u>/:</u>			Training Un	its
Certification	n Type	Category		Class	Required	
TEMPORAF	RY	WASTEWATER COLLECTION	V	2	24	
TEMPORAF	RY	WATER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner	
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Please provide	the following information a	ubout each Facility/Plant that you opera	ite. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Certification	Туре	Category		Class	Required
TEMPORAR'	Y	WASTEWATER COLLECTIO	N	2	24
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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. Open				perator Certification N	lumber: 12484	
	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will exp			
			The fee to renew certific	v these cations: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC.	ATES TO RENEW:				Training Units	
Certification Ty	ype C	ategory		Class	Required	
TEMPORARY	V	ASTEWATER TREATMENT		1	24	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name:	<u></u>			Phone #:		
Number of Facilit	ies (or Plants) that you curren	ntly operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility		Ιp	provide contractual ser	rvices to the Facility	
Please provide the	following information abou	t each Facility/Plant that you operat	te. Use addti	onal pages as needed		
Facility / Plant Na	me		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	-	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708	
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CLARK	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) s below will exp		
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
I. CERTIF	ICATES TO RENEW	<u>√:</u>			Training Units
Certification	າ Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER TREATMENT	Γ	5	45
TEMPORAF	RY	WASTEWATER TREATMENT	Γ	А	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ime:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility		Ιŗ	provide contractual serv	vices to the Facility
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		(OVER)			



III. CONTINUING EDUCATION:

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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
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	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION	N	2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
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BUSH JR		Please enter you're current address on the lines below and, if necess		Certification(s) sh below will expin		
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I. CERTIFI	ICATES TO RENEV	<u>V:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORAR	RY	WASTEWATER COLLECTION		2	24	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Naı	me:			Phone #:		
Number of Fac	ilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner	
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		(OVER)				



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JACKSON	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) sl below will expi	
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Certification	Type	Category		Class	Required
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Employer's Nar	ne:			Phone #:	
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GLANZ	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification(s) s below will expi	6/1/20125	
correct the Cit	correct the City, state an	ity, state and ZIP Code. Please print legibly.		The fee to renew certification	150
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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This is page of	ne of a two page form. Bo	th pages must be completed and retu	irned.	Operator Certifcation N	umber: 12490
	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will exp		
	correct the City, state and	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 Iditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORAR	RY	WASTEWATER COLLECTION	N	2	24
TEMPORAR	RY	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			I	provide contractual ser	vices to the Facility
Please provide	the following information a	ubout each Facility/Plant that you oper	rate. Use addi	tional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
					_
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

This is page o	one of a two page form. B	oth pages must be completed and re	turned. O	perator Certifcation Nu	mber: 12566
MOORE	Please enter you're current address on the lines below and, if necessary	necessary,	Certification(s) s below will expi	6/1/20125	
	correct the City, state an	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100	
				 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORAR	RY	WATER TREATMENT		4	45
TEMPORAR	RY	WASTEWATER TREATMENT	NT	5	45
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that you	currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		Ιp	provide contractual serv	rices to the Facility
Please provide	the following information	about each Facility/Plant that you op	erate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one	e of a two page form. Bot	h pages must be completed and return	red. O	perator Certifcation Nu	ımber: 12569
YATES	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) s below will expi	
				The fee to renew certification	X 5 ()
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification T	- уре	Category		Class	Required
TEMPORARY	•	WASTEWATER TREATMENT		5	45
TEMPORARY	•	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you cu	rently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility		ΙI	provide contractual serv	rices to the Facility
Please provide th	ne following information al	oout each Facility/Plant that you operat	e. Use addti	ional pages as needed.	
Facility / Plant N	ame		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page one of a two page form. Both pages must be completed and returned. Op				perator Certification Number: 12		12583
	•	t address on the lines below and, if necessar	essary,	Certification(below will e		6/1/2025
correct the City, state and ZIP Code. Please pri		ZIP Code. Please print legibly.		The fee to ren certi	new these fications:	\$50
				requirements be result in an	y the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	ATES TO RENEW:				Т	raining Units
Certification T	ype	Category		Class	R	equired
TEMPORARY		WASTEWATER TREATMENT		5	4	5
TEMPORARY		WASTEWATER TREATMENT		Α	2	4
II. CURRENT	EMPLOYMENT INFO	ORMATION				
Employer's Name	: :			Phone #:		
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employed	d by the Fa	cility owner
I am currently not	t operating any Facility		ΙĮ	provide contractual s	services to	the Facility
Please provide th	e following information ab	— out each Facility/Plant that you opera	te. Use addti	ional pages as neede	ed.	
Facility / Plant Na	ame		Class	PDWIS (Water) N	NPDES (W	Vastewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page o	one of a two page form. Bot	th pages must be completed and retur	ned. O	perator Certifcation N	umber: 12593
BURGESS	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) s below will exp		
co	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
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Certification	Туре	Category		Class	Required
TEMPORAR	RY	WASTEWATER TREATMENT	•	5	45
TEMPORAR	RY	WASTEWATER TREATMENT	•	Α	24
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			Ιp	rovide contractual ser	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you opera	ite. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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MCMILLAN	Please enter you're current address on the lines below and, if necessar	necessary,	Certification(s) s below will expi	6/1/20125	
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW	<u>:</u>			Training Units
Certification ¹	Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
OPERATOR		WASTEWATER COLLECTION	NC	2	16
II. CURRENT	TEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ιp	provide contractual serv	rices to the Facility
Please provide t	he following information a	bout each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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This is page or	ne of a two page form. Both pages	perator Certification N	umber: 1344		
ADAMS	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) shown below will expire on: 6/1/20.	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Cate	gory		Class	Required
OPERATOR	WAT	ER TREATMENT		5RO	16
II. CURREN	ΓEMPLOYMENT INFORM.	ATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently	operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide	the following information about ea	ch Facility/Plant that you oper	rate. Use addti	onal pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page on	e of a two page form. Bot	perator Certification N	umber: 1467			
YIANNAKIS	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(s) selow will exp		
				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	CATES TO RENEW	<u>.</u>			Training Units	
Certification ⁻	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMEN	I T	5	30	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you cur	rrently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility			ΙŢ	I provide contractual services to the Facility		
Please provide t	he following information al	bout each Facility/Plant that you ope	erate. Use addti	ional pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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This is page one of a two page form. Both pages must be completed and returned. Ope				erator Certification Number: 154		1547
BOWEN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		ry,	The fee to repeat these		6/1/2025
						\$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
I. CERTIFI	CATES TO RENEW:					raining Units
Certification	Type Category			Class		equired
OPERATOR	WATER	REATMENT		5AS	1	6
II. CURREN	Γ EMPLOYMENT INFORMATIO	ON				
Employer's Nar	ne:			Phone #:	:	
Number of Faci	lities (or Plants) that you currently operat	e:		I am employe	d by the Fa	acility owner
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide	the following information about each Fac	cility/Plant that you operate. U	Jse addtioi	nal pages as need	led.	
Facility / Plant	Name	(Class Pl	DWIS (Water)	NPDES (V	Vastewater)



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This is page o	one of a two page form. Both pages must be completed and retu	erator Certification N	umber: 1594	
FOSKEY	Please enter you're current address on the lines below and, if necess		Certification(s) s below will exp	
correct the	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$ 100
				ete or submit renewal
			result in an ad	the expiration date will ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:		46561106	Training Units
Certification	Type Category		Class	Required
OPERATOR	R WATER TREATMENT		2	16
OPERATOR	R WASTEWATER TREATMEN	Т	5	30
OPERATOR	R WASTEWATER TREATMEN	Т	Α	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently i	not operating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.	
Facility / Plant	Name	Class F	PDWIS (Water) NPI	DES (Wastewater)
	Towns 1			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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STEWART	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(s) s below will exp			
			The fee to renew certification	\$50		
				Failure to complete or submit requirements by the expiration result in an additional late of		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curr	rently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			ΙI	I provide contractual services to the Facility		
Please provide	the following information ab	out each Facility/Plant that you ope	rate. Use addti	ional pages as needed.		
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WILSON	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) below will exp	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATE	R	2	0
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility			ΙI	provide contractual ser	rvices to the Facility
Please provide	the following information a	 ibout each Facility/Plant that you ope	erate. Use addt	ional pages as needed	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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 Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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

This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certification Number: 1723		
COOPER	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: The fee to renew these certifications: \$50			
		nt legibly.				
			Failure to complete or submit rendered requirements by the expiration date result in an additional late fees a described in Section V.			
I. CERTIFIC	CATES TO RENEW:			Training Units		
Certification ⁻	Type Category		Class	Required		
OPERATOR	WATER DISTRI	BUTION	1	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #	<i>‡</i> :		
Number of Facil	ities (or Plants) that you currently operate:		I am employe	ed by the Facility owner		
I am currently no	ot operating any Facility		I provide contractual	l services to the Facility		
Please provide t	he following information about each Facility/Pla	nt that you operate. Use add	dtional pages as need	ded.		
Facility / Plant N	Jame	Class	PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address	-
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page on	e of a two page form.	Both pages must be completed and return	ed. O ₁	perator Certification Nu	ımber: 217 7	2
SMITH	Please enter you're current address on the lines below and, if necessary	ssary,	Certification(s) s below will expi		/2025	
	correct the City, state	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	V > 1 1	
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		n date will fees as
	CATES TO RENI	EW:				g Units
Certification ⁷	Type	Category		Class	Require	ed
SUPERINTER	NDENT	WATER TREATMENT		4	7	
SUPERINTER	NDENT	WATER TREATMENT		3	7	
II. CURRENT	T EMPLOYMENT I	NFORMATION				
Employer's Nam	ie:			Phone #:		
Number of Facil	ities (or Plants) that you	u currently operate:		I am employed by	the Facility	owner
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Facility / Plant N	Vame		Class 1	PDWIS (Water) NPD	ES (Wastew	ater)
		(OVER)				



III. CONTINUING EDUCATION:

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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation N	umber: 2228	
WINN	Please enter you're current address on the lines below and, if necessary		cessary,	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 requirements by the expiration result in an additional late f		
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units	
Certification 7	Гуре	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER	₹	6	16	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility			Ιp	I provide contractual services to the Facility		
Please provide ti	he following information a	— bout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant N	Jame		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certifcation	2316	
LOMBARDI	Please enter you're current address on the lines below and, if necessary	essary,	Certification below will		6/1/2025	
correc	correct the City, state and	and ZIP Code. Please print legibly.		The fee to re	new these tifications:	\$50
				Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.		oiration date will al late fees as
I. CERTIFIC	CATES TO RENEW:				Т	raining Units
Certification ⁷	Type	Category		Class	R	equired
OPERATOR		WASTEWATER TREATMENT		Α	1	6
OPERATOR		WASTEWATER TREATMENT		5	3	0
II. CURRENT	TEMPLOYMENT INFO	ORMATION				
Employer's Nam	ne:			Phone #	:	
Number of Facil	ities (or Plants) that you curr	rently operate:		I am employe	d by the Fa	acility owner
I am currently no	ot operating any Facility	<u> </u>	Ιp	rovide contractual	services to	the Facility
Please provide t	he following information ab	out each Facility/Plant that you opera	te. Use addti	onal pages as need	ded.	
Facility / Plant N	Name		Class	PDWIS (Water)	NPDES (V	Vastewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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This is page on	e of a two page form. Both pages must be completed and	perator Certification Number: 2600			
RAINEY, JR.	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	if necessary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$		
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I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Гуре Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	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		
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Facility / Plant N	ame	Class P	DWIS (Water) NPI	DES (Wastewater)	



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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E 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 o	ne of a two page form. Bot	th pages must be completed and retur	ned. O	perator Certifcation 1	Number: 26	81
	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) below will ex		1/2025	
	correct the City, state and	the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications: \$1	00
				Failure to com requirements by result in an a	the expirati	ion date will te fees as
I. CERTIFI	CATES TO RENEW	<u>':</u>			Train	ing Units
Certification	Type	Category		Class	Requi	ired
TEMPORAR	Υ	INDUSTRIAL WASTEWATER		5	45	
TEMPORAR	Υ	WATER TREATMENT		3	45	
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed	by the Facility	y owner
I am currently not operating any Facility			I p	rovide contractual se	ervices to the	Facility
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed	d.	
Facility / Plant	Name		Class	PDWIS (Water) N	PDES (Waste	water)
	<u> </u>	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certif	fication Number of
Operator in Resp	ponsible 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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- 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.

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This is page on	e of a two page form. Both pages must be con	Operator Certification N	umber: 2745		
ORNDORFF	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on: 6/1/2025			
	correct the City, state and ZIP Code. Please pr	int legibly.	The fee to renew these certifications: \$50		
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification ⁻	Гуре Category		Class	Required	
OPERATOR	WATER TREAT	ΓMENT	4	30	
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 not operating any Facility			I provide contractual services to the Facility		
Please provide ti	he following information about each Facility/Pa	ant that you operate. Use ad	ldtional pages as needed.		
Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Op				perator Certification Number: 2747		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) shown below will expire on: 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.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification	Type Cate	egory		Class	Required	
TEMPORAR'	Y WA	TER DISTRIBUTION		1	24	
II. CURRENT	ΓEMPLOYMENT INFORM	IATION				
Employer's Nam	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner		
I am currently not operating any Facility			I p	I provide contractual services to the Facility		
Please provide t	the following information about ed	ach Facility/Plant that you opera	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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This is page of	one of a two page form. Bo	th pages must be completed and retu	irned. O	perator Certifcation Nu	mber: 2777
MARTIN	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEW	<u>7:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR	2	WASTEWATER TREATMEN	Т	5	30
OPERATOR	2	WASTEWATER TREATMEN	Т	Α	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			ΙĮ	provide contractual serv	ices to the Facility
Please provide	the following information a	about each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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PHELPS	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) s below will exp		
CO	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	
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I. CERTIF	ICATES TO RENEW	<u>.</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORAF	RY	WASTEWATER TREATMENT		Α	24
TEMPORAF	RY	WASTEWATER TREATMENT		5	45
II. CURREN	NT EMPLOYMENT INF	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cur	rrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ιp	rovide contractual serv	vices to the Facility
Please provide	the following information ab	bout each Facility/Plant that you opera	te. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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BAKER	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(s) shown below will expire on: The fee to renew these certifications: \$50\$	
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Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you ope	erate. Use addt	ional pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)



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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E 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 o	one of a two page form. Both pages must be completed and retu	rator Certifcation N	umber: 2810	
SLOANE	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	
				ete or submit renewal
			result in an ad	the expiration date will ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	R WATER TREATMENT		4	30
OPERATOR	R WASTEWATER TREATMEN	Т	5	30
OPERATOR	R WASTEWATER TREATMEN	Т	Α	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			vide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you open	rate. Use addtion	al pages as needed.	_
Facility / Plant	Name	Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Ope				perator Certifcation Nu	ımber: 2844
	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(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.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWAT	ER	1	0
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ij	provide contractual serv	vices to the Facility
Please provide	the following information a	— bout each Facility/Plant that you o _l	perate. Use addt	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
-					



III. CONTINUING EDUCATION:

Page 2

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This is page of	one of a two page form. Bo	th pages must be completed and retui	ned. O	perator Certifcation Nu	ımber: 2854
DILLARD	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$100
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	n Type	Category		Class	Required
OPERATOR	₹	WASTEWATER COLLECTION	١	2	16
OPERATOR	2	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			provide contractual serv	vices to the Facility	
Please provide	the following information a	ubout each Facility/Plant that you opera	ite. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page on	ne of a two page form. Bot	h pages must be completed and return	ed. Ope	erator Certifcation N	Number: 2905	
LUCKY, JR.	Please enter you're current address on the lines below and, if necess	ssary,	Certification(s) below will ex			
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$100	
					plete or submit renewal	
		result i		result in an a	ts by the expiration date will an additional late fees as scribed in Section V.	
I. CERTIFIC	CATES TO RENEW	1		describ		
Certification [*]		Category		Class	Training Units Required	
OPERATOR		WASTEWATER TREATMENT		Α	16	
OPERATOR		INDUSTRIAL WASTEWATER		6	16	
OPERATOR		WATER TREATMENT		1	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
II. CURRENT	Γ EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rently operate:		I am employed b	by the Facility owner	
I am currently no	ot operating any Facility		I pro	ovide contractual se	rvices to the Facility	
Please provide t	the following information al	oout each Facility/Plant that you operate	e. Use addtion	nal pages as needed	1.	
Facility / Plant N	Name		Class Pl	DWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one	of a two page form. Both pages must be completed an	perator Certifcation Nu	ımber: 3278		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	l, if necessary,	Certification(s) s below will exp		
			The fee to renew these certifications: \$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:		40501150	Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that yo	u operate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Page 2

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WALTERS	Please enter you're current address on the lines below and, if necessary		necessary,	Certification(s) below will ex		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50		
				requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW	7 <u>.</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTI	ON	2	16	
II. CURREN	T EMPLOYMENT INI	FORMATION				
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	I provide contractual services to the Facility		
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use addt	ional pages as needed	<i></i>	
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III. CONTINUING EDUCATION:

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Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
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	e form. Both pages must be completed and retur	rned. O	Operator Certification Number: 3730		
HERMANN, JR. Please enter you're current address on the lines below and, if nec			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 he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO	RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER TREATMENT		2	16	
II. CURRENT EMPLOYM	MENT 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		Ιp	I provide contractual services to the Facility		
Please provide the following inj	formation about each Facility/Plant that you opera	ite. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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MASON JR	Please enter you're current address on the lines below and, if necessary,		Certification(below will	
	correct the City, state and ZIP Code. Please print legibly.	bly.	The fee to renew these certifications: \$50	
			requirements l	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMEN	Т	5RO	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed	d by the Facility owner
I am currently n	not operating any Facility	I	provide contractual	services to the Facility
Please provide	the following information about each Facility/Plant tha	at you operate. Use add	tional pages as need	ed.
Facility / Plant 1	Name	Class	PDWIS (Water)	NPDES (Wastewater)



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Page 2

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This is page one of a two page form. Both pages must be completed and returned. Ope			erator Certification Number: 3779		
GREEN	Please enter you're current address on the lines below and, if necessary,		y,	Certification(s) si below will expi	
	correct the City, st	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
<u>I. CERTIFI</u>	CATES TO RE	<u>NEW:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR	l .	WATER TREATMENT		3	30
OPERATOR	1	WASTEWATER TREATMENT		3	30
SUPERINTE	ENDENT	WATER TREATMENT		3	7
SUPERINTE	ENDENT	WASTEWATER TREATMENT		3	7
II. CURREN	T EMPLOYMEN	T INFORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that	you currently operate:		I am employed by	the Facility owner
I am currently 1	not operating any Fac	ility	I pı	rovide contractual serv	ices to the Facility
Please provide	the following inform	ation about each Facility/Plant that you operate. U	se addtio	onal pages as needed.	
Facility / Plant	Name	C	class F	PDWIS (Water) NPD	DES (Wastewater)
		(OLTER)			
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page on	ne of a two page form. Bot	h pages must be completed and retur	ned. O _l	perator Certification N	umber: 3783	
CARBAJAL	Please enter you're current address on the lines below and, if necessar	essary,	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 renew the expiration date v lditional late fees as ed in Section V.	
	CATES TO RENEW	<u>.</u>			Training Unit	:S
Certification	Type	Category		Class	Required	
TEMPORAR'	Υ	WASTEWATER TREATMENT		5	45	
TEMPORAR'	Υ	WASTEWATER TREATMENT		Α	24	
II. CURRENT	ΓEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility		I p	rovide contractual ser	vices to the Facility	亘
Please provide t	the following information al	bout each Facility/Plant that you operat	e. Use addtio	onal pages as needed.		
Facility / Plant N	Name		Class 1	PDWIS (Water) NP	DES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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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.		sary,	Certification below will	n(s) shown l expire on	
•				The fee to re	enew these rtifications	Q 171/1
				requirements result in a	by the ex	submit renewal piration date will nal late fees as ection V.
I. CERTIFICA	ATES TO RENEW:				-	Fraining Units
Certification Ty	/pe C	ategory		Class	ı	Required
OPERATOR	V	VATER TREATMENT		4		30
OPERATOR	V	VASTEWATER TREATMENT		Α		16
OPERATOR	V	VATER TREATMENT		3	(30
OPERATOR	V	VASTEWATER TREATMENT		5	(30
OPERATOR	V	VASTEWATER TREATMENT		3	(30
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name:				Phone #	#:	
Number of Faciliti	ies (or Plants) that you curre	ntly operate:		I am employe	ed by the F	Facility owner
I am currently not	operating any Facility		I pro	vide contractua	l services t	to the Facility
Please provide the	e following information abou	nt each Facility/Plant that you operate.	Use addtion	al pages as nee	eded.	
Facility / Plant Na	me		Class PI	OWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

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* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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

This is page one	e of a two page form. Both pages must be completed and retu	rned. C	perator Certifcation Nu	umber: 3981
MEADE	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) s below will exp	
			The fee to renew these certifications: \$50	
		Failure to complete or sub- requirements by the expirat		the expiration date will
I. CERTIFIC	ATES TO RENEW:		describe	Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility	Ιj	provide contractual serv	vices to the Facility
Please provide th	e following information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, 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	ie of a two page form. Bot	h pages must be completed and return	red. C	perator Certifcation	n Number:	4395
JORGENSEN,	Please enter you're current address on the lines below and, if necessary	ssary,	Certification below will	` /	6/1/2025	
	correct the City, state and	t the City, state and ZIP Code. Please print legibly.		The fee to report	new these tifications:	\$100
				requirements result in a	by the exp	submit renewal piration date will al late fees as ection V.
	CATES TO RENEW	<u>.</u>			Т	raining Units
Certification ⁷	Type	Category		Class	R	equired
OPERATOR		WASTEWATER COLLECTION		2	10	6
OPERATOR		WATER DISTRIBUTION		1	10	6
II. CURRENT	TEMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #	:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employe	d by the Fa	acility owner
I am currently not operating any Facility			Ιj	provide contractual	services to	the Facility
Please provide t	he following information a	bout each Facility/Plant that you operate	e. Use addt	ional pages as need	led.	
Facility / Plant N	Name		Class	PDWIS (Water)	NPDES (W	Vastewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page or	ne of a two page form. Bo	Operator Certification N	Number: 4505			
THOMAS	Please enter you're current address on the lines below and, if necessa		ecessary,	Certification(s) below will ex		
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50	
				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	<u>/:</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION	NC	2	16	
II. CURREN	Γ EMPLOYMENT INI	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that you co	urrently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility			Ιj	provide contractual se	rvices to the Facility	
Please provide i	the following information a	about each Facility/Plant that you ope	erate. Use addt	ional pages as needed	<i>!</i> .	
Facility / Plant Name			Class	PDWIS (Water) NF	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification N	umber: 4532	
	Please enter you're current address on the lines below and, if necessary	necessary,	Certification(s) shown below will expire on: 6/1/2025			
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50	
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>7:</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWAT	ER	2	0	
II. CURREN	Γ EMPLOYMENT INI	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility			ΙI	provide contractual ser	vices to the Facility	
Please provide i	the following information a	 bout each Facility/Plant that you o _l	perate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page or	ne of a two page form. Bot	Operator Certifcation Nu	ımber: 5312		
MUNDAY	Please enter you're current address on the lines below and, if necessa	necessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	X 5 ()
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATME	INT	1	16
II. CURREN	Γ EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			I	provide contractual serv	vices to the Facility
Please provide	the following information a	— bout each Facility/Plant that you op	perate. Use addt	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
-					



III. CONTINUING EDUCATION:

Page 2

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This is page or	ne of a two page form. Bot	perator Certifcation N	umber: 5336			
LOWE, JR.	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		f necessary,	Certification(s) below will exp		
				The fee to renev certific	v these cations: \$50	
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I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATME	ENT	5	30	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner	
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Please provide	the following information a	bout each Facility/Plant that you o	perate. Use addti	ional pages as needed		
Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)	



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- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

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

Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E RETURNED *
I consent to receive my certificate()	s) by emial in lieu of mail	



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

This is page or	ne of a two page form. Bo	th pages must be completed and retu	irned. C	Operator Certifcation N	umber: 5376
MYERS	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(s) s below will exp		
			The fee to renew these certifications: \$50		
				requirements by result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>':</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER	3	1	0
II. CURREN	ΓEMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			Ij	provide contractual serv	vices to the Facility
Please provide i	the following information a	— bout each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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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 complete	Operator Certification Number: 5665			
GOFF	Please enter you're current address on the lines below and, if necessary		Certification below will		
	correct the City, state and ZIP Code. Please print legibly.	gibly.	The fee to recent	ew these carries \$50	
			— requirements result in a	mplete or submit renewal by the expiration date will additional late fees as bibed in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUT	TON	1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #	:	
Number of Facili	ties (or Plants) that you currently operate:		I am employe	d by the Facility owner	
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide th	ne following information about each Facility/Plant th	at you operate. Use add	ltional pages as need	led.	
Facility / Plant N	ame	Class	PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page on	e of a two page form. Both pages must be completed	perator Certifcation N	umber: 5802		
WELLS	Please enter you're current address on the lines below and, if necessary		Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.	ly.	The fee to renew certific	\$50	
			requirements by tresult in an additional and additional additional and additional addition	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:		46561106	Training Units	
Certification ⁻	Type Category		Class	Required	
OPERATOR	WATER TREATMENT	-	4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
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 provide contractual services to the Facility		
Please provide ti	he following information about each Facility/Plant that	you operate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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This is page one of a two page form. Both pages must be completed and returned. $ \\$		ed. Op	erator Certification	Number: 6260	
ZULAUF		se enter you're current address on the lines below and, if necess	ssary,	Certification(s) below will ex	
correct the City, state and ZIP Code		ZIP Code. Please print legibly.		The fee to rene certif	ew these cations: \$100
					plete or submit renewal y the expiration date will
				result in an	additional late fees as bed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>		uesern	Training Units
Certification '	Туре	Category		Class	Required
OPERATOR		WATER TREATMENT		2	16
OPERATOR		WASTEWATER TREATMENT		4	30
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility		I pr	ovide contractual so	ervices to the Facility
Please provide t	he following information al	bout each Facility/Plant that you operate	e. Use addtio	nal pages as neede	<i>d</i> .
Facility / Plant N	Name		Class P	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page o	one of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certifcation Nu	mber: 6327
NAPORA	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) s below will expi	
				The fee to renew certification	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEW	<u>7:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	2	WASTEWATER COLLECTIO	N	2	16
OPERATOR	2	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ιp	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one	of a two page form. Both pages must be co	Operator Certification	Number: 7150		
SHADRACH	Please enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on: 6/1/202			
	correct the City, state and ZIP Code. Please p	t the City, state and ZIP Code. Please print legibly.	The fee to reno certif	ew these cations: \$50	
			requirements b	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER TREA	TMENT	4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide th	e following information about each Facility/F	Plant that you operate. Use ac	ddtional pages as neede	<i>d</i> .	
Facility / Plant Na	ame	Class	PDWIS (Water) N	PDES (Wastewater)	



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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
* AN INCOMI	PLETE APPLICATION WILL B	E 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 of	ne of a two page form. Bo	th pages must be completed and ret	turned.	Operator Certification N	umber: 7293
JOHNSON	Please enter you're current address on the lines below and, if necess		ecessary,	Certification(s) selow will exp	
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100
					lete or submit renewal the expiration date will
				result in an ac	lditional late fees as
I. CERTIFI	CATES TO RENEW	<u>/:</u>		describe	Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	NC	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			I	provide contractual ser	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	erate. Use addt	tional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators	
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708	
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This is page or	ie of a two page fori	n. Both pages must be completed and return	ed. O ₁	perator Certification Nu	ımber: 7802	
MCKENZIE	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) si below will expi		
				The fee to renew certification	1511	
				requirements by t result in an ad	ete or submit renewa he expiration date w ditional late fees as d in Section V.	
	CATES TO REI	NEW:			Training Units	s
Certification	Type	Category		Class	Required	
SUPERINTE	NDENT	WASTEWATER TREATMENT		5	7	
SUPERINTE	NDENT	WASTEWATER TREATMENT		Α	7	
II. CURRENT	Γ EMPLOYMENT	Γ INFORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that y	you currently operate:		I am employed by	the Facility owner	$\overline{\Box}$
I am currently not operating any Facility				rovide contractual serv	vices to the Facility	
Please provide	the following informa	tion about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.		
Facility / Plant N	Name		Class 1	PDWIS (Water) NPD	DES (Wastewater)	
						_
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date	
Last 4 digits of Social Security Number	Email Address	_	
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Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, 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	Operator Certification Number: 7908		
QUINN, III	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			
			The fee to renew these certifications: \$100			
			requirements result in ar	mplete or submit renewal by the expiration date will a additional late fees as bed in Section V.		
I. CERTIFI	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	INDUSTRIAL WA	ASTEWATER	5	30		
TEMPORAR	Y WATER TREATM	MENT	3	45		
II. CURREN	Γ EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #:	:		
Number of Faci	lities (or Plants) that you currently operate:		I am employee	d by the Facility owner		
I am currently n	ot operating any Facility		I provide contractual	services to the Facility		
Please provide	the following information about each Facility/Plan	nt that you operate. Use ac	ddtional pages as need	led.		
Facility / Plant 1	Name	Class	PDWIS (Water)	NPDES (Wastewater)		
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	-
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	Baltimore, Maryland 21203-1708
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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number: 8064		
WACHTER	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ν,	Certification(s) s below will expi			
			The fee to renew these certifications: \$50			
				Failure to complete or submit renewate requirements by the expiration date we result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Categor	у		Class	Required	
OPERATOR	WATER	RTREATMENT		4	30	
II. CURREN	Γ EMPLOYMENT INFORMAT	ION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently ope	rate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility		I pr	ovide contractual serv	rices to the Facility	
Please provide	the following information about each I	Facility/Plant that you operate. Us	se addtio	nal pages as needed.		
Facility / Plant 1	Name	Cl	lass P	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page of	ne of a two page form. Bo	th pages must be completed and retu	irned. O	perator Certifcation Nu	mber: 8497
WINDSOR	Please enter you're current address on the lines below and, if necess	ecessary,	Certification(s) s below will exp		
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I. CERTIFI	CATES TO RENEW	<u>'•</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTIO	N	2	16
OPERATOR	l .	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			Ιp	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)		·	



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Page 2

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This is page on	e of a two page form. Both pages must be completed and returned	l. Op	erator Certifcation Nu	ımber: 8699
CRILLEY	Please enter you're current address on the lines below and, if necessary	ıry,	Certification(s) s below will expi	6/1//11/5
	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 he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁷	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility			ovide contractual serv	rices to the Facility
Please provide t	he following information about each Facility/Plant that you operate. V	Use addtio	nal pages as needed.	
Facility / Plant N	Name	Class P	DWIS (Water) NPD	DES (Wastewater)
	1,0			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

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Applicant's Signature:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
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This is page or	ne of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certifcation N	umber: 8746
TURNER	Please enter you're current address on the lines below and, if necess	cessary,	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 dditional late fees as ed in Section V.
	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT	Γ	5	30
OPERATOR		WASTEWATER TREATMENT	Γ	Α	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner
I am currently not operating any Facility			I p	rovide contractual ser	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

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MILLER	Please enter you're current address on the lines below and, if necess	cessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>7:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR	₹	WASTEWATER TREATMENT	Γ	5	30
OPERATOR	R	WASTEWATER TREATMENT	Г	Α	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
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		(OVER)			



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LAWHORN, SR. Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		ssary,	Certification(s) s below will exp	
			The fee to renew certific	\$100
			requirements by result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
SUPERINTENDENT	WATER TREATMENT		4	7
II. CURRENT EMPL	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or F	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		ovide contractual serv	vices to the Facility	
Please provide the follow	ing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



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This is page one of a two page form. Both pages must be completed and returned. Op			perator Certifcation Nu	ımber: 9279	
HANNA Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.			essary,	Certification(s) s below will expi	
			The fee to renew these certifications: \$50		
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I. CERTIFICAT	TES TO RENEW:				Training Units
Certification Type	2	Category		Class	Required
SUPERINTENDE	NT	WASTEWATER COLLECTION	I	2	7
II. CURRENT EM	IPLOYMENT INFO	ORMATION			
Employer's Name:				Phone #:	
Number of Facilities	(or Plants) that you curr	ently operate:		I am employed by	the Facility owner
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		(OVER)			



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•	•	t're current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will ex	
	correct the City, state and			The fee to renew these certifications: \$50	
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I. CERTIFIC	CATES TO RENEW	<u>:</u>		4000110	Training Units
Certification ⁻	Гуре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER	R	2	0
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed b	by the Facility owner	
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Facility / Plant Name		Class	PDWIS (Water) NF	PDES (Wastewater)	

(OVER)



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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:		Date
Last 4 digits of Social Security Number	Email Address	_
Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
Mail to: Maryland Departmen	t of the Environment, P.O. Box 2057, I	3altimore, Maryland 21203-1708
* AN INCOMI	PLETE APPLICATION WILL B	E 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 return	ned. O	perator Certifcation Nu	mber: 9621
•	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) s below will expi	
	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 he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁻	Гуре Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility		
Please provide ti	he following information about each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)

(OVER)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certif	fication Number of
Operator in Resp	ponsible 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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Make checks payable to	o: Maryland Board of Waterworks and	Waste Systems Operators
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This is page one of	a two page form. Both pages must be completed and retu	Operator Certification Number: 9758		
	ease enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp	
correct the City	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICAT	ΓES TO RENEW:			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WASTEWATER TREATMENT	Т	5	30
II. CURRENT EN	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 operating any Facility			provide contractual serv	vices to the Facility
Please provide the fo	llowing information about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)

(OVER)



III. CONTINUING EDUCATION:

Page 2

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Name and Certif	fication Number of
Operator in Resp	ponsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page or	ne of a two page fo	orm. Both pages must be completed and return	ned. O	perator Certifcation N	ımber: 9780
		enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	
				The fee to renew certification	\$100
					ete or submit renewal
				result in an ad	the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO R	ENEW:			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WATER TREATMENT		5AS	16
SUPERINTE	NDENT	WATER TREATMENT		1	7
SUPERINTE	NDENT	WASTEWATER TREATMENT		1	7
II. CURREN	T EMPLOYME	NT INFORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) tha	at you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Fa	ncility	Ιp	rovide contractual serv	vices to the Facility
Please provide	the following inforr	nation about each Facility/Plant that you operat	e. Use addti	onal pages as needed.	_
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	ponsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 9937		
THOMPSON Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		sary,	Certification(s) shown below will expire on: The fee to renew these certifications: \$50\$		
			requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFIC	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	ties (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 operate.	Use addtion	ıal pages as needed.		
Facility / Plant Na	ame	Class PI	DWIS (Water) NPD	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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MDE/WMA/OPER (Revised 05/10/2021) TT

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This is page one of a two page form. Both pages must be completed and returned.				perator Certification N	umber: 9991
•	Please enter you're current address on the lines below and, if necessary,	, if necessary,	Certification(s) shown below will expire on: 6/1/2025		
	correct the City, sta	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO REM	NEW:			Training Units
Certification 7	Гуре	Category		Class	Required
SUPERINTENDENT WASTEWATER TREATMENT		MENT	5	7	
II. CURRENT	EMPLOYMENT	TINFORMATION			
Employer's Nam	e:			Phone #:	
Number of Facili	ities (or Plants) that y	you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ιı	provide contractual serv	vices to the Facility	
Please provide ti	he following informa	tion about each Facility/Plant that you	u operate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	

(OVER)



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Page 2

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	Please enter you're current address on the lines below and, if necess	ssary,	Certification(s) below will exp	
coi	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	X 1 / 1 / 1
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICAT	<u>ΓES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
SUPERINTENDE	NT WATER TREATMENT		4	7
OPERATOR	WATER TREATMENT		4	30
II. CURRENT EN	APLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not op	erating any Facility	I prov	ide contractual ser	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate	e. Use addtiond	al pages as needed.	
Facility / Plant Name	;	Class PD	WIS (Water) NP	DES (Wastewater)
	(OVER)			



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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 Certif	fication Number of
Operator in Resp	ponsible 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 *						

MDE/WMA/OPER (Revised 05/10/2021) TT

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