

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0023			
	Please enter you're current address on the lines below and, if necessary,	<i>i</i> ,	Certification(s) s below will exp	///////////////////////////////////////		
correct the City, state and ZII	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50		
			- requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.		
	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not	operating any Facility	I p	rovide contractual serv	vices to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.			
Facility / Plant Na	cl	lass I	PDWIS (Water) NPI	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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This is page one	of a two page form. Both pages must be completed and	<b>d returned.</b> C	Derator Certifcation Nu	umber: 0291
	Please enter you're current address on the lines below and, if necessary	, if necessary,	Certification(s) s below will exp	///////////////////////////////////////
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	vpe Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATE	R	6	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	es (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you	ı operate. Use addt	ional pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NPI	DES (Wastewater)



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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

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

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0318			
	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 certification	\$50		
			requirements by result in an ad	lete or submit renewal the expiration date will Iditional late fees as d in Section V.		
	CATES TO RENEW:			Training Units		
Certification 7	Type Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently no	ot operating any Facility	Ι	provide contractual ser-	vices to the Facility		
Please provide th	he following information about each Facility/Plant that you ope	rate. Use addi	tional pages as needed.			
Facility / Plant N	lame	Class	PDWIS (Water) NPI	DES (Wastewater)		



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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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# VII. APPLICANT'S STATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0319			
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) s below will exp	///////////////////////////////////////		
correct the Ci	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			- requirements by result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.		
	ATES TO RENEW:			Training Units		
Certification Ty	ype Category		Class	Required		
OPERATOR	WATER TREATMENT		2	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:	:		Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not	operating any Facility	I pı	rovide contractual ser-	vices to the Facility		
Please provide the	e following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.			
Facility / Plant Na	ime Ci	Class F	PDWIS (Water) NPI	DES (Wastewater)		



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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0401		
KELLY, JR.	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>				
Employer's Nam	le:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	I pı	provide contractual services to the Facility		
Please provide t	he following information about each Facility/Plant that you operate. U	Jse addtio	onal pages as needed.		
Facility / Plant N	Name (	Class F	PDWIS (Water) NPI	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0632		
	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) below will exp	//1//1/5	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			<ul> <li>requirements by result in an ac</li> </ul>	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.	
	ATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed b	y the Facility owner	
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Facility / Plant Na	ame	Class	PDWIS (Water) NP	DES (Wastewater)	



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Date

Last 4 digits of Social Security Number

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 0879			
SCOTT, 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 below will		7/1/2025	
			The fee to re cert	new these tifications:	\$100	
				<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration data result in an additional late fees</li> <li>described in Section V.</li> </ul>		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW:				т	raining Units
Certification 7	Гуре (	Category		Class		Required
OPERATOR	١	VATER DISTRIBUTION		1	1	6
OPERATOR	١	VASTEWATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Nam	e:			Phone #	:	
Number of Facil	ties (or Plants) that you curre	ntly operate:		I am employe	ed by the F	acility owner
I am currently no	t operating any Facility	]	Ιŗ	provide contractual	services to	o the Facility
Please provide ti	he following information abo	- ut each Facility/Plant that you oper	ate. Use addti	ional pages as need	ded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

# VII. APPLICANT'S STATEMENT

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
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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: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: <b>0880</b>			
	Please enter you're current address on the lines below and, if necessary,	ν,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.		
	CATES TO RENEW:		-	Training Units		
Certification T	Type Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	2:		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently no	t operating any Facility	I pi	rovide contractual serv	vices to the Facility		
Please provide th	ne following information about each Facility/Plant that you operate. Us	se addtio	onal pages as needed.			
Facility / Plant N	ame Cl	lass F	PDWIS (Water) NPI	DES (Wastewater)		



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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BRIGHT	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification below will	n(s) shown l expire on:	7/1/2025		
co	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
				<ul> <li>Failure to complete or submit representation of the expiration date of the expiration of</li></ul>		piration date will al late fees as	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			1	raining Units	
Certification <sup>-</sup>	Гуре	Category		Class		Required	
OPERATOR		WATER DISTRIBUTION		1	1	6	
OPERATOR		WASTEWATER COLLECTION		2	1	6	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	e:			Phone #	<b>#:</b>		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employ	ed by the F	acility owner	
I am currently no	ot operating any Facility		I	provide contractua	l services t	o the Facility	
Please provide t	he following information al	pout each Facility/Plant that you ope	erate. Use addt	ional pages as nee	eded.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50		
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.		
	CATES TO RENEW:			<b>Training Units</b>		
Certification <sup>-</sup>	Type Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT	FEMPLOYMENT INFORMATION					
Employer's Nam	ne:		Phone #:			
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner		
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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned. Ope			Dperator Certifcation Number: 1029		
	Please enter you're current address on the lines below and, if new		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.	
I. CERTIFICATES TO REN				<b>Training Units</b>	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLOYMENT	INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that yo	ou currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facilit	у	Ι	provide contractual ser	vices to the Facility	
Please provide the following information	on about each Facility/Plant that you ope	erate. Use ada	ltional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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This is page one	of a two page form. Both pages must be completed and returned	ed. Oj	perator Certifcation N	umber: 10458
	Please enter you're current address on the lines below and, if necessary	sary,	Certification(s) s below will exp	/////////
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			<ul> <li>requirements by result in an ac</li> </ul>	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
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Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
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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: Maryland Board of Waterworks and Waste Systems Operators

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Both pages must be completed and returned.				• Operator Certification Number: <b>10486</b>				
MARTIN	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		essary,	Certification(s) shown below will expire on: 7/1/2		7/1/2025		
				The fee to renew these certifications: <b>\$50</b>				
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.				
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	Fraining Units		
Certification 7	Гуре	Category		Class	R	equired		
OPERATOR		WASTEWATER TREATMENT		А	1	6		
OPERATOR		WASTEWATER TREATMENT		5	3	0		
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Name	e:			Phone #	<i>‡</i> :			
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner				
I am currently not operating any Facility			I pı	I provide contractual services to the Facility				
Please provide th	he following information al	bout each Facility/Plant that you opera	te. Use addtic	onal pages as nee	ded.			
Facility / Plant N	ame		Class P	DWIS (Water)	NPDES (V	Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page on	e of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 10507				
BRADFORD	Please enter you're current address on the lines below and, if necessary	/,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50		
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.		
I. CERTIFICATES TO RENEW:				Training Units		
Certification 7	Type Category		Class	Required		
TEMPORARY	INDUSTRIAL WASTEWATER		5	45		
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			provide contractual services to the Facility			
Please provide th	he following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.			
Facility / Plant Name Class			DWIS (Water) NP	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages must be completed and returned				• Operator Certification Number: <b>10646</b>				
RYAN	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification below wil	7/1/2025			
				The fee to renew these certifications: <b>\$50</b>				
				requirements result in a	Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFICATES TO RENEW:					Т	Training Units		
Certification T	<b>Туре</b>	Category		Class	F	Required		
OPERATOR		WASTEWATER TREATMENT		5	3	0		
OPERATOR		WASTEWATER TREATMENT		А	1	6		
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Name	2:			Phone	#:			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner					
I am currently not operating any Facility			Ιp	I provide contractual services to the Facility				
Please provide th	ne following information at	pout each Facility/Plant that you ope	rate. Use addti	onal pages as nee	eded.			
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)		



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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This is page one	e of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 10689				
DENNIS	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
I. CERTIFICATES TO RENEW:			_	<b>Training Units</b>		
Certification T	ype Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	x.		Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			provide contractual services to the Facility			
Please provide th	e following information about each Facility/Plant that you operate. U	Jse addtio	onal pages as needed.			
Facility / Plant Name Class			DWIS (Water) NPI	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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SEEKFORD	Please enter you're current address on the lines below and, if necessa	cessary,	Certification(s) shown below will expire on: 7/1/2025 The fee to renew these certifications: \$50				
	correct the City, state and ZIP Code. Please print legibly.						
				Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.		piration date will al late fees as	
I. CERTIFICATES TO RENEW:					Т	raining Units	
Certification 7	Гуре	Category		Class		Required	
OPERATOR		WASTEWATER TREATMENT		5	3	0	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT	<b>EMPLOYMENT INFO</b>	ORMATION					
Employer's Name	e:			Phone #	<b>#:</b>		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner				
I am currently not operating any Facility			I pı	I provide contractual services to the Facility			
Please provide th	he following information ab	out each Facility/Plant that you operc	ate. Use addtio	onal pages as nee	ded.		
Facility / Plant N	ame		Class F	DWIS (Water)	NPDES (V	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 10859				
	Please enter you're current address on the lines below and, if necessary		Certification(s) s below will exp		7/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50	
			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		iration date will al late fees as	
I. CERTIFICATES TO RENEW:					Training Units	
Certification T	ype Category		Class	R	equired	
TEMPORARY	INDUSTRIAL WASTEWATER		7	24	1	
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 services to the Facility			
Please provide th	e following information about each Facility/Plant that you operate. Use	se addt	ional pages as needed.			
Facility / Plant Name Class			PDWIS (Water) NP	DES (W	/astewater)	



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	umber:	10946	
CARUTH	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) sho below will expire		7/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50	
			Failure to compl requirements by result in an ac describe	ration date will l late fees as		
	CATES TO RENEW:				aining Units	
Certification T	Type Category		Class	Re	equired	
OPERATOR	WATER DISTRIBUTION		1	16	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	2:		Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Fa	cility owner	
I am currently no	t operating any Facility	I pr	ovide contractual ser	vices to	the Facility	
Please provide th	ne following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.			
Facility / Plant Na	ame Cla	ass P	DWIS (Water) NP	DES (W	astewater)	



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

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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

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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.	Oper	rator Certifcati	on Number:	10954
	Please enter you're current address on the lines below and, if necessary,		Certification(s) show below will expire o		7/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to r ce	enew these rtifications:	\$50
			Failure to complete or submit n requirements by the expiration result in an additional late fe described in Section V.		
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
TEMPORARY	WATER DISTRIBUTION		1	2	4
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone	#:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employ	red by the F	acility owner
I am currently not	operating any Facility	I pro	vide contractua	l services to	o the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtion	al pages as nee	eded.	
Facility / Plant Na	Clas	ass PD	OWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one	of a two page form. Both pages must be completed and returned.	Ope	rator Certifcation N	Number:	10955
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex		7/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these ications:	\$50
			Failure to complete or submit ro requirements by the expiration d result in an additional late fee described in Section V.		iration date will al late fees as
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WASTEWATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Fa	acility owner
I am currently not	operating any Facility	I pro	vide contractual se	ervices to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtion	al pages as needed	d.	
Facility / Plant Na	Cla	ass PE	OWIS (Water) NI	PDES (V	Vastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one of a two page form. Both pages mu		h pages must be completed and return	ages must be completed and returned.		umber: 10958		
HAMMONS	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) shown below will expire on: 7/1/20				
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renev certific	v these <b>\$100</b>		
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
	<u>CATES TO RENEW</u>	_			Training Units		
Certification 7	Гуре	Category		Class	Required		
OPERATOR		INDUSTRIAL WASTEWATER		2	0		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
TEMPORARY		WATER TREATMENT		4	45		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	e:			Phone #:			
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner		
I am currently no	ot operating any Facility		ΙĮ	provide contractual services to the Facility			
Please provide th	he following information al	oout each Facility/Plant that you operat	te. Use addt	ional pages as needed			
Facility / Plant N	lame		Class	PDWIS (Water) NP	DES (Wastewater)		



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Date

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	Please verify	your information shown on this application and mal	ke any correc	ctions as need	led.
This is page on	e of a two page forn	n. Both pages must be completed and returned.	Operator	Certifcation 1	Number: 10962
DEARBORN		Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly.		Т	he fee to rene certif	w these <b>\$100</b>
				Failure to complete or submit rend requirements by the expiration dat result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO REN	IEW:			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WATER TREATMENT		4	45
SUPERINTENI	DENT	WASTEWATER TREATMENT		5A	14
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		INDUSTRIAL WASTEWATER		2	0
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURRENT	<b>EMPLOYMEN</b>	<b>INFORMATION</b>			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that y	ou currently operate:	Ia	am employed	by the Facility owner
I am currently no	ot operating any Facil	ity	I provide	contractual so	ervices to the Facility
Please provide t	he following informa	tion about each Facility/Plant that you operate. Use	e addtional pa	iges as neede	d.
Facility / Plant N	Jame	Cla	ss PDWIS	S (Water) N	PDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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

This is page or	ne of a two page form. Both pages must be completed and	d returned.	Operator Certifcation Nu	umber: 10975
MARKLEY	Please enter you're current address on the lines below and, if necessary,	, if necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATE	R	6	16
II. CURREN	FEMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	Ι	provide contractual serv	vices to the Facility
Please provide i	the following information about each Facility/Plant that you	ı operate. Use add	tional pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)



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## V. LATE FEES AND REINSTATEMENT

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

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

This is page one	of a two page form. Bot	h pages must be completed and re	turned. O	perator Certifcation	on Number:	10979	
	5	t address on the lines below and, if i	necessary,	Certification below wil	n(s) shown l expire on:	7/1/2025	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to re	\$50		
				requirements result in a	Failure to complete or submit rener requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	ATES TO RENEW	۱ ۲			т	raining Units	
Certification T	уре	Category		Class		Required	
OPERATOR		WASTEWATER TREATMENT		5	3	0	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	:			Phone	#:		
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner	
I am currently not	operating any Facility	]	Ιŗ	provide contractua	l services to	o the Facility	
Please provide th	e following information at	pout each Facility/Plant that you op	erate. Use addt	ional pages as nee	eded.		
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page on	e of a two page form. Botl	h pages must be completed and retu	rned. O <sub>l</sub>	perator Certifcation	on Number:	10980	
SCHLEY		t address on the lines below and, if nee	cessary,	Certification below will	7/1/2025		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rec	enew these rtifications:	\$50	
				requirements result in a	submit renewal piration date will al late fees as ection V.		
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			Т	raining Units	
Certification <sup>-</sup>	Туре	Category		Class		Required	
OPERATOR		WASTEWATER TREATMENT		5	3	30	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	e:			Phone #	#:		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner			
I am currently no	ot operating any Facility		I p	rovide contractua	l services to	o the Facility	
Please provide t	he following information al	out each Facility/Plant that you oper	ate. Use addtie	onal pages as nee	eded.		
Facility / Plant N	lame		Class I	PDWIS (Water)	NPDES (V	Wastewater)	



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Date

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	rator Certifcation N	Jumber:	10983
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex		7/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifi	w these cations:	\$50
			result in an a	iration date will	
	ATES TO RENEW:				raining Units
Certification Ty	ype Category		Class	R	equired
OPERATOR	WATER TREATMENT		5AS	1	6
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed l	by the Fa	acility owner
I am currently not	operating any Facility	I pro	vide contractual se	rvices to	the Facility
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtion	al pages as needed	l.	
Facility / Plant Na	me Cla	ass PI	OWIS (Water) NI	PDES (V	Vastewater)



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This is page one	e of a two page form. Both pages must be completed and returned	I. Op	perator Certifcation Nu	umber: 10985
TULL, JR	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) s below will exp	///////////////////////////////////////
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			- requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:		-	Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	x		Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility	I p	rovide contractual serv	vices to the Facility
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Facility / Plant Na	ame	Class I	PDWIS (Water) NPI	DES (Wastewater)



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This is page one	e of a two page form. Both pages must be completed and returned	d. Operator Cer	tifcatio	n Number: 10987	
WALKER, III	Please enter you're current address on the lines below and, if necessary		Certification(s) shown below will expire on: 7/		
	rrect the City, state and ZIP Code. Please print legibly.	The f		new these <b>\$100</b>	
		requir	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category	C	lass	Required	
TEMPORARY	WASTEWATER TREATMENT	5		45	
TEMPORARY	WASTEWATER TREATMENT	A		24	
TEMPORARY	WATER TREATMENT	2		24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x.	1	Phone #	:	
Number of Facili	ties (or Plants) that you currently operate:	I am e	mploye	ed by the Facility owner	
I am currently no	t operating any Facility	I provide con	tractual	services to the Facility	
Please provide th	ne following information about each Facility/Plant that you operate.	Use addtional pages	as need	ded.	
Facility / Plant N	ame	Class PDWIS (W	'ater)	NPDES (Wastewater)	



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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.	ssary,	Certification below will		//1//1/5
correct the City, state and			The fee to rec	enew these tifications:	\$100
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFICATES TO RENEW:	<u>.</u>			٦	Fraining Units
Certification Type	Category		Class	F	Required
OPERATOR	WASTEWATER COLLECTION		2	1	16
OPERATOR	WATER DISTRIBUTION		1	1	6
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (or Plants) that you cur	rently operate:		I am employ	ed by the F	facility owner
I am currently not operating any Facility		I pi	ovide contractua	l services t	o the Facility
Please provide the following information ab	out each Facility/Plant that you operat	e. Use addtic	onal pages as nee	ded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (	Wastewater)



## **III. CONTINUING EDUCATION:**

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## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

MCFARLAND Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly. The fee to renew these certifications: <b>50</b>	This is page one of a two page for	orm. Both pages must be completed and r	eturned.	Operator Certification Number: 10996				
the fee to renew these certifications: <b>\$50</b>	Please enter you'		necessary,					
	correct the City, state and ZIP Code. Please print legibly.			\$50				
requirements by the expiration date will result in an additional late fees as described in Section V.				result in an additional late fees				
I. CERTIFICATES TO RENEW: Training Units					-			
Certification Type Category Class Required	Certification Type	Category		Class	Required			
SUPERINTENDENT WASTEWATER COLLECTION 2 7	SUPERINTENDENT	WASTEWATER COLLECTION	l	2	7			
II. CURRENT EMPLOYMENT INFORMATION	II. CURRENT EMPLOYME	NT INFORMATION						
Employer's Name: Phone #:	Employer's Name:			Phone #:				
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility owner	Number of Facilities (or Plants) that	at you currently operate:		I am employed by	y the Facility owner			
I am currently not operating any Facility I provide contractual services to the Facility	I am currently not operating any Facility			I provide contractual services to the Facility				
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.	Please provide the following inform	mation about each Facility/Plant that you o	perate. Use add	ltional pages as needed.				
Facility / Plant NameClassPDWIS (Water)NPDES (Wastewater)	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.				Operator Certification Number: 11108			
	address on the lines below and, i	f necessary,	Certification(s) shown below will expire on: 7/1/20				
correct the City, state and ZIP Code. Please print legibly.				The fee to ren cert	\$50		
				Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.			
	TES TO RENEW:			-		raining Units	
Certification Ty	ре	Category		Class	R	equired	
TEMPORARY		INDUSTRIAL WASTEWATER		6	24	4	
II. CURRENT E	MPLOYMENT INFO	ORMATION					
Employer's Name:				Phone #	:		
Number of Facilitie	es (or Plants) that you cur	ently operate:		I am employe	d by the Fa	cility owner	
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This is page on	e of a two page form. Both pages must be completed and returned.	perator Certifcation Number: 11228			
WORRELL	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: <b>7/1/202</b> The fee to renew these certifications: <b>\$50</b>		
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.	
	CATES TO RENEW:			Training Units	
Certification <sup>-</sup>	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.		
Facility / Plant N	lame Cla	ass F	PDWIS (Water) NPI	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) below will ex		7/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	w these ications:	\$50	
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.			
	ATES TO RENEW:			Т	<b>Training Units</b>	
Certification Ty	ype Category		Class	R	equired	
OPERATOR	WASTEWATER COLLECTION		2	10	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed	by the Fa	cility owner	
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtio	nal pages as neede	d.		
Facility / Plant Nat	me	Class P	DWIS (Water) N	PDES (W	/astewater)	



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NIMPSON	Please enter you're current address on the lines below and, if necessa	necessary,	Certification below will	n(s) shown l expire on:	7/1/2025		
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				Failure to complete or submit requirements by the expiration result in an additional late described in Section V		piration date will al late fees as	
I. CERTIFIC	CATES TO RENEW:	<u>L</u>			Т	raining Units	
Certification <sup>-</sup>	Гуре	Category		Class		Required	
OPERATOR		WASTEWATER TREATMENT		5	3	0	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Nam	e:			Phone #	<b>#:</b>		
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner	
I am currently not operating any Facility			I	I provide contractual services to the Facility			
Please provide th	he following information at	out each Facility/Plant that you o	perate. Use addt	tional pages as nee	eded.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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

This is page or	e of a two page form. Both pages must be completed and returned.	. Op	Operator Certifcation Number: 11326			
JOSEPH 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) si below will expi			
			The fee to renew these certifications: <b>\$50</b>			
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
	CATES TO RENEW:			<b>Training Units</b>		
Certification	Type Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION		2	16		
II. CURRENT	<b>FEMPLOYMENT INFORMATION</b>					
Employer's Nam	le:		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			I provide contractual services to the Facility			
Please provide t	he following information about each Facility/Plant that you operate. U	Jse addtio	onal pages as needed.			
Facility / Plant N	Jame O	Class F	PDWIS (Water) NPI	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature

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

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WILFONG	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	t legibly.	The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	INDUSTRIAL WAS	TEWATER	2	0
II. CURREN	<b>FEMPLOYMENT INFORMATION</b>			
Employer's Nan	ne:		Phone #:	
Number of Faci	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Applicant's Signature

Date

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Email Address

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This is page one	of a two page form. Both page	es must be completed and ret	urned. (	Operator Certifcation	Number: 1	141	
	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s below will e	· /	/1/2025	
	correct the City, state and ZIP C	ode. Please print legibly.		The fee to ren certi	ew these fications:	50	
				requirements b result in an	<ul> <li>Failure to complete or submit rend.</li> <li>requirements by the expiration dat result in an additional late fees a described in Section V.</li> </ul>		
	ATES TO RENEW:			-		ining Units	
Certification Ty	vpe Cate	egory		Class	Req	luired	
TEMPORARY	IND	USTRIAL WASTEWATER		7	24		
II. CURRENT	EMPLOYMENT INFORM	ATION					
Employer's Name:				Phone #:			
Number of Facilit	es (or Plants) that you currently	operate:		I am employed	l by the Faci	lity owner	
I am currently not	operating any Facility		Ι	provide contractual s	provide contractual services to the Facility		
Please provide the	following information about ea	nch Facility/Plant that you ope	rate. Use add	tional pages as need	ed.		
Facility / Plant Na	me		Class	PDWIS (Water) N	NPDES (Was	stewater)	



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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ROBINSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			<ul> <li>Failure to complete or submit reneration of the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>	
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>-</sup>	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant N	lame C	Class P	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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VODAK	Please enter you're current address on the lines below and, if necessar		Certification(s) s below will exp	////////5	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			<ul> <li>Failure to complete or submit renew</li> <li>requirements by the expiration date result in an additional late fees as</li> <li>described in Section V.</li> </ul>		
	CATES TO RENEW:			<b>Training Units</b>	
Certification 7	Type Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>				
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 no	ot operating any Facility	I	provide contractual serv	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you opera	te. Use addt	ional pages as needed.		
Facility / Plant N	lame	Class	PDWIS (Water) NPI	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necessa	essary,	Certification(s below will e	///////////////////////////////////////
correct the Cit	ty, state and ZIP Code. Please print legibly.		The fee to rend certif	ew these <b>\$100</b>
			<ul> <li>requirements b result in an</li> </ul>	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed	by the Facility owner
I am currently not operating any	/ Facility	I p	rovide contractual s	services to the Facility
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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: Maryland Board of Waterworks and Waste Systems Operators

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

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This is page one	of a two page form. Both pages must be completed a	and returned.	Operator Certifcation Nu	umber: 11547
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	//1/////5
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			— requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWA	TER	2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ι	provide contractual serv	vices to the Facility
Please provide th	e following information about each Facility/Plant that	vou operate. Use add	tional pages as needed.	
Facility / Plant Na	ime	Class	PDWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

## V. LATE FEES AND REINSTATEMENT

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	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration date result in an additional late fees a</li> <li>described in Section V.</li> </ul>		
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner	
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DOUGLAS	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration data result in an additional late fees a</li> <li>described in Section V.</li> </ul>	
	CATES TO RENEW:			<b>Training Units</b>
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	F EMPLOYMENT INFORMATION			
Employer's Nan	le:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
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	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	//1//0/25	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$50</b>	
			<ul> <li>Failure to complete or submit renew</li> <li>requirements by the expiration date result in an additional late fees a</li> <li>described in Section V.</li> </ul>		
	ATES TO RENEW:			<b>Training Units</b>	
Certification T	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	by the Facility owner	
I am currently not	operating any Facility	Ιp	provide contractual services to the Facility		
Please provide th	e following information about each Facility/Plant that you operate	e. Use addti	onal pages as needed		
Facility / Plant Na	ame	Class	PDWIS (Water) NP	DES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 12035		
CHENAULT	Please enter you're current address on the lines below and, if necessary,	cessary,	Certification(s below will ex			
	correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	w these <b>\$50</b> ications:	
				requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFIC	CATES TO RENEW:				<b>Training Units</b>	
Certification 1	Гуре	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		А	24	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed	by the Facility owner	
I am currently no	ot operating any Facility		Ij	provide contractual se	ervices to the Facility	
Please provide th	he following information ab	out each Facility/Plant that you oper	ate. Use addt	ional pages as neede	d.	
Facility / Plant N	ame		Class	PDWIS (Water) N	PDES (Wastewater)	



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BAINBRIDGE	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) sl below will expi		
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Certification T	ype Category		Class	Required	
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# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

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 \*

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

This is page on	e of a two page form. Bot	h pages must be completed and retu	rned. Op	erator Certifcation	n Number:	12061
WALLER	Please enter you're current address on the lines below and, if necessary	cessary,	Certification below will		7/1/2025	
	correct the City, state and ZIP Code. Please print legibly.			The fee to represent	new these	\$50
				Failure to complete or submit rener requirements by the expiration date result in an additional late fees a described in Section V.		iration date will al late fees as
I. CERTIFIC	CATES TO RENEW				т	raining Units
Certification	Туре	Category		Class	R	equired
TEMPORARY		WASTEWATER TREATMENT		5	4	5
TEMPORARY		WASTEWATER TREATMENT		А	2	4
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	le:			Phone #	:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner		
I am currently no	ot operating any Facility		I pı	ovide contractual	services to	the Facility
Please provide t	he following information al	pout each Facility/Plant that you oper	ate. Use addtio	onal pages as need	led.	
Facility / Plant N	Jame		Class F	DWIS (Water)	NPDES (W	Vastewater)



## **III. CONTINUING EDUCATION:**

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

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

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

## V. LATE FEES AND REINSTATEMENT

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Date

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This is page one of	a two page form. Both pages must be completed a	<b>nd returned.</b> C	perator Certifcation Nu	umber: 12111
LAUTERBACH Pl	ease enter you're current address on the lines below ar	d, if necessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.		<i>.</i>	The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
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
I am currently not operating any Facility I provide contractual service			vices to the Facility	
Please provide the f	ollowing information about each Facility/Plant that y	ou operate. Use addt	ional pages as needed.	
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Bot	h pages must be completed and return	ed. Op	erator Certifcatio	n Number	12115
	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	ssary,	Certification below will		7/1/2025
correct the City, state and			The fee to re cer	enew these tifications:	\$50
			<ul> <li>Failure to complete or submit rene</li> <li>requirements by the expiration date</li> <li>result in an additional late fees a</li> <li>described in Section V.</li> </ul>		piration date will al late fees as
I. CERTIFICATES TO RENEW	<u>.</u>			٦	<b>Fraining Units</b>
Certification Type	Category		Class	F	Required
TEMPORARY	WASTEWATER TREATMENT		5	Z	15
TEMPORARY	WASTEWATER TREATMENT		А	2	24
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (or Plants) that you cur	rently operate:		I am employe	ed by the F	acility owner
I am currently not operating any Facility		I pr	ovide contractual	l services t	o the Facility
Please provide the following information al	out each Facility/Plant that you operate	e. Use addtio	nal pages as nee	ded.	
Facility / Plant Name		Class P	DWIS (Water)	NPDES (	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Email Address

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

This is page one	of a two page form. Both pages must be completed and returned.	. O	perator Certifcation N	umber: 12146
	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat</li> <li>result in an additional late fees</li> <li>described in Section V.</li> </ul>	
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	Ιŗ	provide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Use addti	ional pages as needed.	
Facility / Plant Na	ime (	Class	PDWIS (Water) NP	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of a two page form. B	oth pages must be completed and retu	urned. (	Operator Certifcation N	umber: 1217
	Please enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) below will exp	//1/////5
correct the City, state as	nd 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.
I. CERTIFICATES TO RENEV				Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
II. CURRENT EMPLOYMENT IN	FORMATION			
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 operating any Facility	$\Box$	Ι	provide contractual ser	vices to the Facility
Please provide the following information	about each Facility/Plant that you open	rate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



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This is page one	of a two page form. Both pages must be completed and returned	<b>d.</b> O	perator Certifcation Nu	mber: 12177
	Please enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	£20
			Failure to complete or submit representation da result in an additional late fees described in Section V.	
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		7	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	ΙĮ	provide contractual serv	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate.	Use addt	ional pages as needed.	
Facility / Plant Nat	me	Class	PDWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

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

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This is page one	of a two page form. Both pages must be completed and returned.	Ol	perator Certifcation Nu	mber: 12340
	Please enter you're current address on the lines below and, if necessary,	у,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat</li> <li>result in an additional late fees</li> <li>described in Section V.</li> </ul>	
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		3	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I p	rovide contractual serv	vices to the Facility
Please provide th	e following information about each Facility/Plant that you operate. Us	se addti	onal pages as needed.	
Facility / Plant Na	ame C	lass 1	PDWIS (Water) NPI	DES (Wastewater)



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This is page one of a two page form. Both pages must be completed and returned.		Oper	Operator Certification Number: 12492			
	Please enter you're current address on the lines below and, if necessa		/,	Certification( below will e		
correct the Ci	correct the City, state and ZIP Code.	Please print legibly.		The fee to ren certi	these <b>\$100</b>	
				requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
	ATES TO RENEW:				<b>Training Units</b>	
Certification T	/pe Category	Ý		Class	Required	
TEMPORARY	WASTEW	ATER TREATMENT		3	45	
TEMPORARY	WASTEW	ATER COLLECTION		2	24	
TEMPORARY	WATER T	REATMENT		2	24	
II. CURRENT	EMPLOYMENT INFORMATI	ON				
Employer's Name				Phone #:		
Number of Facilit	es (or Plants) that you currently oper	ate:		I am employed	d by the Facility owner	
I am currently not	operating any Facility		I prov	vide contractual	services to the Facility	
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Facility / Plant Na	me	Cl	lass PD	WIS (Water) 1	NPDES (Wastewater)	



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This is page one of a two page form. Both pages must be completed and returned.		turned. C	perator Certifcatio	on Number:	12495	
WHIPPLE	Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.	necessary,	Certification below will	n(s) shown l expire on:	7/1/2025	
			The fee to re	enew these rtifications:	\$50	
				<ul> <li>Failure to complete or submit r</li> <li>requirements by the expiration result in an additional late for described in Section V.</li> </ul>		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units
Certification <sup>-</sup>	Туре	Category		Class	R	Required
TEMPORARY		WASTEWATER TREATMENT		5	4	5
TEMPORARY		WASTEWATER TREATMENT		А	2	24
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone 7	#:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner
I am currently no	ot operating any Facility		Ij	provide contractua	l services to	o the Facility
Please provide t	he following information al	pout each Facility/Plant that you op	erate. Use addt	ional pages as nee	eded.	
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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This is page one	e of a two page form. Both	pages must be completed and ret	turned. C	perator Certifcation N	Number: 12496
TILGHMAN	Please enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) below will ex		
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rene certifi	w these <b>\$50</b> cations:
				requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as red in Section V.
I. CERTIFIC	CATES TO RENEW:				<b>Training Units</b>
Certification T	уре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name	2:			Phone #:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
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Please provide th	ne following information ab	out each Facility/Plant that you ope	erate. Use addt	ional pages as needed	<i>l.</i>
Facility / Plant N	ame		Class	PDWIS (Water) NI	PDES (Wastewater)



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SHILLINGBERG Please enter you're current address on the lines below and, if nec		f necessary,	Certification(s) s below will exp	
C	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
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Certification Ty	vpe Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION	N	2	24
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	Please enter you're current address on the lines below and, if necessary,	Certification(s) sho below will expire	
(	correct the City, state and ZIP Code. Please print legibly.	The fee to renew th certification	\$50
		requirements by th result in an add	e or submit renewal e expiration date will itional late fees as in Section V.
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Certification T	ype Category	Class	Required
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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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This is page one	e of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation	Number:	12499
BARRY	Please enter you're current address on the lines below and, if necessary,	у,	Certification( below will e		7/1/2025
coi	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications:	\$50
			Failure to complete or sub requirements by the expirat result in an additional la described in Section		iration date will al late fees as
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	WASTEWATER COLLECTION		2	2	4
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed	l by the Fa	cility owner
I am currently not	t operating any Facility	I pro	ovide contractual s	services to	the Facility
Please provide th	e following information about each Facility/Plant that you operate. Us	se addtio	nal pages as neede	ed.	
Facility / Plant Na	ame Cl	lass P	DWIS (Water) N	NPDES (W	Vastewater)



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This is page one of	of a two page form. Both pages must be completed and returned	I. Op	perator Certifcation Nu	mber: 12500	
SCHLOSSENBERG Please enter you're current address on the lines below and, if neces			Certification(s) sh below will expire		
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certifica	\$50	
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V		
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	pe Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
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 o	operating any Facility	I pi	rovide contractual serv	ices to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.		
Facility / Plant Nan	ne	Class I	PDWIS (Water) NPD	ES (Wastewater)	



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This is page one of a two page form.	. Both pages must be completed and return	ned. O <sub>l</sub>	perator Certifcatio	n Number:	12501
5	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) shown below will expire on: <b>7/1/2025</b>		
correct the City, state	e and ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$100
			Failure to complete or submi requirements by the expiratio result in an additional late described in Section		piration date will al late fees as
I. CERTIFICATES TO REN	<u>EW:</u>			r	raining Units
Certification Type	Category		Class		Required
TEMPORARY	WASTEWATER COLLECTION		2	2	24
TEMPORARY	WATER DISTRIBUTION		1	2	24
II. CURRENT EMPLOYMENT	INFORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (or Plants) that yo	ou currently operate:		I am employe	ed by the F	acility owner
I am currently not operating any Facili	ty	I p	rovide contractual	l services t	o the Facility
Please provide the following informati	on about each Facility/Plant that you operated	te. Use addtie	onal pages as nee	ded.	
Facility / Plant Name		Class 1	PDWIS (Water)	NPDES (V	Wastewater)



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	Please enter you're current address on the lines below and, if necessar	ssary,	Certification below will	n(s) shown l expire on	//1//1//5
correct the City, state and	ZIP Code. Please print legibly.		The fee to re	enew these rtifications	\$100
			Failure to complete or sub requirements by the expira result in an additional la described in Sectio		piration date will nal late fees as
I. CERTIFICATES TO RENEW	<u> </u>			-	Training Units
Certification Type	Category		Class		Required
TEMPORARY	WASTEWATER COLLECTION		2		24
TEMPORARY	WATER DISTRIBUTION		1		24
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone 7	#:	
Number of Facilities (or Plants) that you cur	rently operate:		I am employ	ved by the H	Facility owner
I am currently not operating any Facility		I pr	ovide contractua	al services t	to the Facility
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Facility / Plant Name		Class P	DWIS (Water)	NPDES (	Wastewater)



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This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation N	umber: 12503
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual ser	vices to the Facility
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Facility / Plant Na	Cla	ass P	DWIS (Water) NP	DES (Wastewater)



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ZAHRADKA	Please enter you're current address on the lines below and, if necessary,	ary,	Certification(s) s below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you operate.	Use addtie	onal pages as needed.	
Facility / Plant N	ame	Class I	PDWIS (Water) NPI	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

This is page one	of a two page form. Both pages must be completed and returned	. (	Operator Certifcation Nu	umber: 12505
	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
		requirements by the cresult in an additi		ete or submit renewal he expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one	Operator Certification Number: 12506							
	Please enter you're current address on the lines below and, if necessary			Certification(s) show below will expire o		7/1/2025		
correct the City, state and ZIP Code. Please print legibly.				The fee to re	enew these tifications:	\$50		
					Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
	ATES TO RENEW					raining Units		
Certification T	уре	Category		Class	R	equired		
TEMPORARY		WASTEWATER COLLECT	ION	2	24	4		
II. CURRENT	EMPLOYMENT INF	ORMATION						
Employer's Name	:			Phone #	<b>#:</b>			
Number of Facilit	ies (or Plants) that you cur	rently operate:		I am employ	ed by the Fa	cility owner		
am currently not operating any Facility I provide contractual services to the H					the Facility			
Please provide the	e following information ab	out each Facility/Plant that ye	ou operate. Use ad	dtional pages as nee	ded.			
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (W	/astewater)		



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Name and Certification Number of Operator in Responsible Charge:

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This is page on	e of a two page form. Bot	perator Certifcation Number: 12507			
ORDONEZ	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification below will	
				The fee to ren cert	new these <b>\$50</b>
				requirements result in ar	mplete or submit renewal by the expiration date wil n additional late fees as ribed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification <sup>-</sup>	Туре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION			
Employer's Nam	e:			Phone #:	:
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employe	ed by the Facility owner
I am currently not operating any Facility I provide contractual ser			services to the Facility		
Please provide t	he following information al	pout each Facility/Plant that you ope	rate. Use addt	ional pages as need	led.
Facility / Plant N	Jame		Class	PDWIS (Water)	NPDES (Wastewater)



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Applicant's Signature

Date

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Email Address

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This is page on	e of a two page form. Both pages must be completed and returned	d. Opera	perator Certifcation Number: 12509			
WUNDER JR	Please enter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
	CATES TO RENEW:			<b>Training Units</b>		
Certification 7	Гуре Category		Class	Required		
TEMPORARY	WATER TREATMENT		1	24		
TEMPORARY	WASTEWATER TREATMENT		5	45		
TEMPORARY	WASTEWATER TREATMENT		А	24		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently no	ot operating any Facility	I provi	de contractual ser	vices to the Facility		
Please provide th	he following information about each Facility/Plant that you operate.	Use addtional	pages as needed.			
Facility / Plant N	ame	Class PDV	VIS (Water) NP	DES (Wastewater)		



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This is page one	Dperator Certification Number: 12510						
SONNENREICH Please enter you're current address on the lines below and, if nec			у,	Certification(s) shown below will expire on: <b>7/1</b>		7/1/2025	
correct the City, state and ZIP Code. Please print legibly.		Please print legibly.		The fee to rene certif	w these ications:	\$50	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
	ATES TO RENEW:					raining Units	
Certification Ty	vpe Categor	У		Class	R	equired	
TEMPORARY	INDUSTI	RIAL WASTEWATER		6	2	4	
II. CURRENT	EMPLOYMENT INFORMATI	ON					
Employer's Name:				Phone #:			
Number of Facilit	es (or Plants) that you currently oper	ate:		I am employed	by the Fa	cility owner	
I am currently not	operating any Facility		Ιŗ	provide contractual se	ervices to	the Facility	
Please provide the	following information about each F	acility/Plant that you operate. U	se addti	ional pages as neede	d.		
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Please verify your information shown on this application and make any corrections as needed.

This is page one	urned. C	Operator Certification Number: 12511				
LEROLIEN	Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) shown below will expire on: <b>7/1/202</b>		7/1/2025
				The fee to renew these certifications: <b>\$100</b>		
				Failure to complete or subn requirements by the expirati result in an additional lat described in Section		piration date will nal late fees as
I. CERTIFIC	ATES TO RENEW:	- -			1	Fraining Units
Certification T	уре	Category		Class		Required
TEMPORARY		WASTEWATER COLLECTION		2	2	24
TEMPORARY		WATER DISTRIBUTION		1	2	24
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone	#:	
Number of Facilit	ties (or Plants) that you cur	rently operate:		I am employ	red by the F	Sacility owner
I am currently not operating any Facility			provide contractual services to the Facility			
Please provide th	e following information ab	out each Facility/Plant that you ope	erate. Use addt	ional pages as nee	eded.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

# VII. APPLICANT'S STATEMENT

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- 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

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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. Both pages must be completed and ret	Operator Certification Number: 12512			
HARPER	Please enter you're current address on the lines below and, if necess		Certification(s) shown below will expire on: <b>7/1/2025</b>		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$100</b> Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
<u>I. CERTIFI</u>	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		А	24	
II. CURREN'	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:	:	
Number of Faci	lities (or Plants) that you currently operate:		I am employe	d by the Facility owner	
I am currently n	ot operating any Facility	Ιp	provide contractual	services to the Facility	
Please provide	the following information about each Facility/Plant that you ope	erate. Use addti	onal pages as need	led.	
Facility / Plant	Name	Class	PDWIS (Water)	NPDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one	of a two page form. Both pages must be	completed and returned.	Operator Certification N	Number: 12513
MONROE	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	w these <b>\$50</b>
			requirements by result in an a	plete or submit renewal v the expiration date will additional late fees as bed in Section V.
	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WASTEWATE	RCOLLECTION	2	24
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>			
Employer's Name			Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently no	t operating any Facility		I provide contractual se	ervices to the Facility
Please provide th	e following information about each Facilii	y/Plant that you operate. Use a	ddtional pages as needed	<i>d.</i>
Facility / Plant N	ame	Class	PDWIS (Water) N	PDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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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	nd returned.	Operator Certification No	umber: 12514
MARTINEZ	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 certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>-</sup>	Гуре Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWAT	ſER	2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	]	I provide contractual ser	vices to the Facility
Please provide t	he following information about each Facility/Plant that y	oou operate. Use add	ltional pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NP	DES (Wastewater)



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page on	ie of a two page form. Bot	h pages must be completed and re	turned. O	perator Certifcatio	on Number:	12515
GREENE	Please enter you're current address on the lines below and, if necessa	ecessary,	Certification below will	n(s) shown l expire on:	7/1/2025	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rec	enew these rtifications:	\$50
				requirements result in a	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW	• •			r	raining Units
Certification	Туре	Category		Class		Required
TEMPORARY		WASTEWATER TREATMENT		А	2	24
TEMPORARY		WASTEWATER TREATMENT		5	4	15
II. CURRENT	Г EMPLOYMENT INF	ORMATION				
Employer's Nam	ne:			Phone #	#:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employ	ed by the F	acility owner
I am currently no	ot operating any Facility		Ιı	provide contractua	l services t	o the Facility
Please provide t	the following information at	oout each Facility/Plant that you op	erate. Use addt	ional pages as nee	eded.	
Facility / Plant N	Name		Class	PDWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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This is page or	ne of a two page form. Both pages must be completed and returned.	0	perator Certifcation Nu	mber: 12516
WELCH III	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50
			<ul> <li>requirements by the result in an additional sectors in the result in an additional sectors in the result in the res</li></ul>	te or submit renewal ne expiration date will litional late fees as in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURREN	FEMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	Ιp	provide contractual serv	ces to the Facility
Please provide	the following information about each Facility/Plant that you operate. Us	se addti	ional pages as needed.	
Facility / Plant 1	Name Cl	lass	PDWIS (Water) NPD	ES (Wastewater)



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Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one	e of a two page form. Both pages must be completed and returne	d. Oper	ator Certifcatio	on Number:	12517	
LONG	Please enter you're current address on the lines below and, if necess	sary,	Certification below will	n(s) shown l expire on:	7/1/2025	
correct th	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100	
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
I. CERTIFIC	CATES TO RENEW:			т	raining Units	
Certification T	ype Category		Class	R	equired	
TEMPORARY	WASTEWATER TREATMENT		5	4	5	
TEMPORARY	WASTEWATER TREATMENT		А	2	4	
TEMPORARY	WATER TREATMENT		2	2	4	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	x.		Phone 7	#:		
Number of Facili	ties (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner	
I am currently no	t operating any Facility	I prov	vide contractua	l services to	the Facility	
Please provide th	e following information about each Facility/Plant that you operate.	Use addtiond	al pages as nee	eded.		
Facility / Plant N	ame	Class PD	WIS (Water)	NPDES (V	Vastewater)	



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

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This is page one	of a two page form. Both pages must be completed and retu	irned.	Operator Certifcation N	umber: 12518	
	Please enter you're current address on the lines below and, if necessary		Certification(s) below will exp	//1/////5	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			requirements by result in an acceleration	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:	·		Phone #:		
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not	operating any Facility	Ι	rovide contractual services to the Facility		
Please provide the	e following information about each Facility/Plant that you oper	ate. Use addi	tional pages as needed.		
Facility / Plant Na	me	Class	PDWIS (Water) NP	DES (Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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This is page one	of a two page form. Both pages must be completed and returned.	. 0	perator Certifcation Nu	umber: 12519
	Please enter you're current address on the lines below and, if necessar		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	provide contractual serv	vices to the Facility
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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	Please enter you're current address on the lin		Certification(s below will e	
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	ew these <b>\$50</b> fications:
			requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as abed in Section V.
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Certification Ty	vpe Category		Class	Required
TEMPORARY	WASTEWATER	COLLECTION	2	24
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Employer's Name:			Phone #:	
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Name and Certification Number of Operator in Responsible Charge:

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Date

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MOORE	Please enter you're current address on the lines below and, if necessary,		Certification(s) shows below will expire or		7/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations:	\$50
			<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>		
	ATES TO RENEW:				raining Units
Certification T	ype Category		Class	R	equired
TEMPORARY	WATER TREATMENT		4	4	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	x		Phone #:		
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Facility / Plant Na	ame Clas	ass PI	OWIS (Water) NP	DES (W	Vastewater)



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	Please enter you're current address on the lines below and, if necessa		Certification below will		7/1/2025
correct the City, state and	ZIP Code. Please print legibly.		The fee to re cer	enew these tifications:	\$50
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I. CERTIFICATES TO RENEW	<u>.</u>			٦	Fraining Units
Certification Type	Category		Class	F	Required
TEMPORARY	WASTEWATER TREATMENT		5	Z	15
TEMPORARY	WASTEWATER TREATMENT		А	2	24
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (or Plants) that you cur	rently operate:		I am employe	ed by the F	acility owner
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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

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This is page one	e of a two page form. Bot	h pages must be completed and ret	turned. C	perator Certifcatio	on Number:	12568
HENDERSON	Please enter you're current address on the lines below and, if necessary	ecessary,	Certification below will	n(s) shown l expire on:	7/1/2025	
correct the City, state and ZIP Code. Please print legibly.				The fee to re	enew these rtifications:	\$100
				requirements result in a	Failure to complete or submit rene requirements by the expiration data result in an additional late fees a described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>_</u>			1	raining Units
Certification T	уре	Category		Class		Required
TEMPORARY		WASTEWATER COLLECTION		2	2	24
TEMPORARY		WATER DISTRIBUTION		1	2	24
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Name	2:			Phone 7	#:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner
I am currently no	t operating any Facility		Ij	provide contractua	l services t	o the Facility
Please provide th	ne following information al	out each Facility/Plant that you ope	erate. Use addt	ional pages as nee	eded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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This is page one	e of a two page form. Both pa	ges must be completed and return	ned. Op	erator Certifcatio	on Number:	1258
GARROD	Please enter you're current address on the lines below and, if necessa		ssary,	Certification below will	n(s) shown l expire on:	7/1/2025
	correct the City, state and ZIP	Code. Please print legibly.		The fee to re	enew these rtifications:	\$100
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		piration date will al late fees as
I. CERTIFIC	ATES TO RENEW:				т	raining Units
Certification T	ype Ca	tegory		Class		Required
OPERATOR	INI	DUSTRIAL WASTEWATER		5	3	0
OPERATOR	WA	ATER TREATMENT		2	1	6
II. CURRENT	EMPLOYMENT INFOR	MATION				
Employer's Name	:			Phone	#:	
Number of Facili	ties (or Plants) that you current	ly operate:		I am employ	red by the F	acility owner
I am currently no	t operating any Facility		I pı	ovide contractua	l services to	o the Facility
Please provide th	e following information about	each Facility/Plant that you operat	e. Use addtio	onal pages as nee	eded.	
Facility / Plant N	ame		Class F	DWIS (Water)	NPDES (V	Wastewater)



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PILKERTON	Please enter you're current address on the lines below and, if necessary,	ζ,	Certification(s) sh below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certifica	4 E M
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.	
	CATES TO RENEW:			<b>Training Units</b>
Certification T	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	t operating any Facility	Ιp	provide contractual serv	ices to the Facility
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Facility / Plant N	Tame Cl	lass	PDWIS (Water) NPD	ES (Wastewater)



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This is page on	perator Certifcation Number: 1533					
INGRAHAM	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) below will ex		7/1/2025
	correct the City, state and ZI	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifi	w these cations:	\$50
			requirements by result in an a		plete or submit renewal y the expiration date will additional late fees as ed in Section V.	
	CATES TO RENEW:					aining Units
Certification 7	Гуре С	ategory		Class	Re	quired
OPERATOR	11	NDUSTRIAL WASTEWATER		5	30	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Nam	e:			Phone #:		
Number of Facili	ties (or Plants) that you current	ntly operate:		I am employed l	by the Fac	cility owner
I am currently no	t operating any Facility		Ι	provide contractual se	ervices to	the Facility
Please provide th	he following information abou	t each Facility/Plant that you ope	erate. Use ada	tional pages as needed	d.	
Facility / Plant N	ame		Class	PDWIS (Water) NI	PDES (W	astewater)



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SHARRER	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	/////////	
			The fee to renew certific	\$50	
		requirements by t result in an ad		ete or submit renewal he expiration date will ditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification T	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		5DE	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	2:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently no	t operating any Facility	I pı	rovide contractual ser	vices to the Facility	
Please provide th	ne following information about each Facility/Plant that you operate. Use	addtic	onal pages as needed.		
Facility / Plant N	ame Cla	ss P	PDWIS (Water) NP	DES (Wastewater)	



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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.	ry,	Certification(s) sh below will expin	///////5
			The fee to renew t certificat	\$50
			<ul> <li>requirements by the result in an additional sectors in the result in the rest in the result in the result in the re</li></ul>	te or submit renewal ne expiration date will litional late fees as in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		5GW	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I p	rovide contractual serv	ces to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addti	onal pages as needed.	
Facility / Plant Na	ume (	Class	PDWIS (Water) NPD	ES (Wastewater)



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## V. LATE FEES AND REINSTATEMENT

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

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one	of a two page form. Both pages must be completed and returned	d. Op	perator Certifcation Nu	umber: <b>1919</b>	
WILLIAMS, JR. Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly.			Certification(s) s below will exp		
			The fee to renew certific	\$50	
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
	ATES TO RENEW:			Training Units	
Certification Ty	rpe Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		7	16	
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not	operating any Facility	I pi	rovide contractual ser-	vices to the Facility	
Please provide the	following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.		
Facility / Plant Nat	ne	Class I	PDWIS (Water) NPI	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

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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

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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: 2038			
HENMAN	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) shown below will expire on: 7/1/2025				
			The fee to renew certific	\$100			
				Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.			
I. CERTIFI	CATES TO RENEW:				<b>Training Units</b>		
Certification	Туре	Category		Class	Required		
OPERATOR		WATER TREATMENT		4	30		
OPERATOR		WASTEWATER TREATMENT		1	16		
OPERATOR		WASTEWATER COLLECTION	٨	2	16		
II. CURRENT	<b>FEMPLOYMENT INF</b>	ORMATION					
Employer's Nam	ne:			Phone #:			
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed b	y the Facility owner		
I am currently no	ot operating any Facility		Ιţ	provide contractual ser	vices to the Facility		
Please provide t	the following information ab	out each Facility/Plant that you c	perate. Use addt	onal pages as needed			
Facility / Plant N	Name		Class	PDWIS (Water) NP	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature

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

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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. Ope	Operator Certification Number: 2079			
MONEY, JR.	Please enter you're current address on the lines below and, if necessar		Certification( below will e			
	correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	these <b>\$50</b>		
			Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
I. CERTIFIC	CATES TO RENEW:			<b>Training Units</b>		
Certification 7	Гуре Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
OPERATOR	WASTEWATER TREATMENT		S	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e:		Phone #:			
Number of Facili	ities (or Plants) that you currently operate:		I am employed	d by the Facility owner		
I am currently no	ot operating any Facility	I pro	provide contractual services to the Facility			
Please provide th	he following information about each Facility/Plant that you operat	e. Use addtion	al pages as need	ed.		
Facility / Plant N	ame	Class PI	OWIS (Water) N	NPDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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Email Address

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This is page one	of a two page form. Both pages must be completed and returned.	. 0	perator Certifcation Nu	umber: 2082		
	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) s below will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.		
I. CERTIFIC	ATES TO RENEW:			<b>Training Units</b>		
Certification T	ype Category		Class	Required		
OPERATOR	WATER DISTRIBUTION		1	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	:		Phone #:			
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently not	operating any Facility	Ιı	provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addt	ional pages as needed.			
Facility / Plant Na	ame	Class	PDWIS (Water) NPI	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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Date

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

This is page one	Operator Certification Number: 2113						
	Please enter you're current address on the lines below and, if necessary,		l, if necessary,	Certification( below will	· /	7/1/2025	
correct the City, state and ZIP Code. Please print legibly.				The fee to rer cert	new these ifications:	\$50	
				requirements result in ar	<ul> <li>Failure to complete or submit reneration dat</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>		
	ATES TO RENEW:					raining Units	
Certification Ty	/pe	Category		Class	Re	equired	
SUPERINTEND	ENT	WATER TREATMENT		4	7		
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Name:	:			Phone #:	:		
Number of Facilit	ies (or Plants) that you curre	ently operate:		I am employe	d by the Fa	cility owner	
I am currently not	operating any Facility	]	]	provide contractual	services to	the Facility	
Please provide the	e following information abo	ut each Facility/Plant that yo	u operate. Use add	ltional pages as need	led.		
Facility / Plant Na	me		Class	PDWIS (Water)	NPDES (W	vastewater)	



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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This is page one of a two page form. Both pages must be completed and returned.			rned. Op	• Operator Certification Number: <b>2130</b>				
HEINE	Please enter you're current address on the lines below and, if necessary	cessary,	Certification below will	n(s) shown expire on:	7/1/2025			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rec	enew these tifications:	\$50		
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.				
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			٦	raining Units		
Certification 7	Гуре	Category		Class		Required		
OPERATOR		WASTEWATER TREATMENT		5	3	30		
OPERATOR		WASTEWATER TREATMENT		А	1	6		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION						
Employer's Nam	e:			Phone #	<b>#:</b>			
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed by the Facility owner				
I am currently no	ot operating any Facility		I pi	provide contractual services to the Facility				
Please provide th	he following information at	pout each Facility/Plant that you oper	ate. Use addtio	onal pages as nee	ded.			
Facility / Plant N	lame		Class F	DWIS (Water)	NPDES (	Wastewater)		



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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

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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: 2170			
IRVIN	Please enter you're current address on the lines below and, if necess	essary,	Certification(s) below will exp			
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these <b>\$100</b> cations:		
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
I. CERTIFI	CATES TO RENEW:			<b>Training Units</b>		
Certification	Type Category		Class	Required		
OPERATOR	WATER TREATMENT		2	16		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
II. CURREN	F EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #:			
Number of Faci	lities (or Plants) that you currently operate:		I am employed b	by the Facility owner		
I am currently n	ot operating any Facility	I pro	provide contractual services to the Facility			
Please provide	the following information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed			
Facility / Plant 1	Name	Class P	DWIS (Water) NF	PDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one of a two page form. Both pages must be completed and returned.				• Operator Certification Number: <b>2172</b>				
SMITH	Please enter you're current address on the lines below and, if necessar	essary,	Certificatior below will		7/1/2025			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rec	enew these tifications:	\$50		
				Failure to complete or submit renew requirements by the expiration date result in an additional late fees a described in Section V.				
I. CERTIFIC	CATES TO RENEW	<u>.</u>			T	<b>Fraining Units</b>		
Certification <sup>-</sup>	Туре	Category		Class		Required		
TEMPORARY		WASTEWATER TREATMENT		5	4	15		
TEMPORARY		WASTEWATER TREATMENT		А	2	24		
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION						
Employer's Nam	e:			Phone #	<i>‡</i> :			
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 pi	provide contractual services to the Facility				
Please provide th	he following information al	oout each Facility/Plant that you opera	te. Use addtio	onal pages as nee	ded.			
Facility / Plant N	lame		Class I	PDWIS (Water)	NPDES (V	Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

- 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

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

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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 2260				
BOEING	Please enter you're current address on the lines below and, if necessary,	cessary,	Certification( below will		7/1/2025			
	correct the City, state and	ZIP Code. Please print legibly.		The fee to rer cert	new these ifications:	\$50		
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.				
I. CERTIFI	CATES TO RENEW	• •			Т	raining Units		
Certification	Туре	Category		Class	Re	equired		
OPERATOR		WASTEWATER TREATMENT		5	30	)		
OPERATOR		WASTEWATER TREATMENT		А	16	6		
II. CURREN	Г 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 n	ot operating any Facility		I pi	provide contractual services to the Facility				
Please provide i	the following information al	oout each Facility/Plant that you oper	ate. Use addtio	onal pages as need	led.			
Facility / Plant 1	Name		Class I	PDWIS (Water)	NPDES (W	astewater)		



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Date

Last 4 digits of Social Security Number

Email Address

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This is page one	of a two page form. Both pages must be completed and returned.	Op	erator Certifcation N	umber:	2286	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		7/1/2025	
·	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50	
			Failure to comp requirements by result in an ac describe	iration date will al late fees as		
	ATES TO RENEW:				raining Units	
Certification Ty	ype Category		Class	Re	equired	
OPERATOR	WATER TREATMENT		2	16	5	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name:			Phone #:			
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	y the Fa	cility owner	
I am currently not	operating any Facility	I pr	provide contractual services to the Facility			
Please provide the	e following information about each Facility/Plant that you operate. Use	e addtio	onal pages as needed.			
Facility / Plant Na	me Cla	ass P	PDWIS (Water) NP	DES (W	astewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one	of a two page form. Both pages must be completed and returned.	. Op	perator Certification N	umber: 2340	
	Please enter you're current address on the lines below and, if necessary,	ry,	Certification(s) s below will exp	///////////////////////////////////////	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50	
			<ul> <li>Failure to complete or submit rend</li> <li>requirements by the expiration dat</li> <li>result in an additional late fees</li> <li>described in Section V.</li> </ul>		
	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
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Facility / Plant Na	me	Class F	PDWIS (Water) NP	DES (Wastewater)	



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## V. LATE FEES AND REINSTATEMENT

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RIDLEY Certification(s) shown	
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correct the City, state and ZIP Code. Please print legibly. The fee to renew these certifications: <b>\$50</b>	
Failure to complete or submit rer requirements by the expiration da result in an additional late fees described in Section V.	te will
I. CERTIFICATES TO RENEW: Training U	nits
Certification Type Category Class Required	
OPERATOR INDUSTRIAL WASTEWATER 2 0	
II. CURRENT EMPLOYMENT INFORMATION	
Employer's Name: Phone #:	
Number of Facilities (or Plants) that you currently operate: I am employed by the Facility own	r
I am currently not operating any Facility I provide contractual services to the Facilit	у 🗌
Please provide the following information about each Facility/Plant that you operate. Use addtional pages as needed.	
Facility / Plant Name       Class       PDWIS (Water)       NPDES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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This is page one of a two page for	urned. O	Operator Certification Number: 2640			
	Please enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) below will ex		
correct the City, st	ate and ZIP Code. Please print legibly.		The fee to renev certifi	w these <b>\$50</b> cations:	
			<ul> <li>requirements by result in an a</li> </ul>	plete or submit renewal v the expiration date will additional late fees as red in Section V.	
I. CERTIFICATES TO RE	NEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
TEMPORARY	WATER TREATMENT		5AS	24	
II. CURRENT EMPLOYMEN	T 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 Fac	ility	I p	provide contractual services to the Facility		
Please provide the following inform	ation about each Facility/Plant that you ope	erate. Use addti	onal pages as needed	<i>l.</i>	
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)	



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

This is page one of a	ed. O	Operator Certification Number: <b>2739</b>				
	Please enter you're current address on the lines below and, if necessa	ssary,	Certification below will	n(s) shown l expire on:	7/1/2025	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50	
			<ul> <li>requirements</li> <li>result in a</li> </ul>	Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFICATE	ES TO RENEW:			Т	raining Units	
Certification Type	Category		Class	R	Required	
OPERATOR	WASTEWATER TREATMENT		5	3	0	
OPERATOR	WASTEWATER TREATMENT		А	1	6	
II. CURRENT EMI	PLOYMENT INFORMATION					
Employer's Name:			Phone 7	#:		
Number of Facilities (o	or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not oper	ating any Facility	Ιp	provide contractua	l services to	o the Facility	
Please provide the follo	owing information about each Facility/Plant that you operate	e. Use addti	onal pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (V	Wastewater)	



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This is page on	e of a two page form. Both pages must be completed and <b>n</b>	Derator Certifcation Number: 2818		
BOROWY	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	///////////////////////////////////////
			The fee to renew certific	\$50
			requirements by result in an according to the second se	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification 7	Гуре Category		Class	Required
OPERATOR	WASTEWATER COLLECTION	N	2	16
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	Ι	provide contractual ser	vices to the Facility
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Facility / Plant N	lame	Class	PDWIS (Water) NP	DES (Wastewater)



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RAMPMEYER	Please enter you're current address on the lines below and, if necessary	cessary,	Certification(s below will e		7/1/2025		
correct the City, state and ZIP Code. Please print legibly				The fee to rend certi	ew these fications:	\$50	
				<ul> <li>Failure to complete or submit representation of the expiration of the e</li></ul>		ration date will l late fees as	
I. CERTIFIC	CATES TO RENEW:				Tra	aining Units	
Certification T	Гуре	Category		Class		quired	
OPERATOR		WASTEWATER TREATMENT		А	16		
OPERATOR		WASTEWATER TREATMENT		5	30		
II. CURRENT	<b>EMPLOYMENT INFO</b>	ORMATION					
Employer's Name	2:			Phone #:			
Number of Facili	ties (or Plants) that you curre	ently operate:		I am employed	l by the Fac	cility owner	
I am currently no	t operating any Facility	]	I p	rovide contractual s	services to	the Facility	
Please provide th	ne following information abo	ut each Facility/Plant that you operc	ate. Use addtie	onal pages as neede	ed.		
Facility / Plant N	ame		Class 1	PDWIS (Water) N	NPDES (W	astewater)	



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BATTLE, JR.	Please enter you're current address on the lines below and, if necessar	necessary,	Certification below will		7/1/2025		
	correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	new these tifications:	\$50	
				requirements result in a	<ul> <li>Failure to complete or submit rer</li> <li>requirements by the expiration da result in an additional late fees</li> <li>described in Section V.</li> </ul>		
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			т	raining Units	
Certification 1	Гуре	Category		Class		equired	
TEMPORARY		WASTEWATER TREATMENT		5	4	5	
TEMPORARY		WASTEWATER TREATMENT		А	24	4	
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Employer's Name	e:			Phone #	ŧ:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employe	ed by the Fa	cility owner	
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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 Certifcation Number: 2833		
PARKER	Please enter you're current address on the lines below and, if necessa	cessary,	Certification below will		7/1/2025		
	correct the City, state and ZIP Code. Please print legibly.			The fee to represent	new these	\$50	
				<ul> <li>Failure to complete or submit ren</li> <li>requirements by the expiration dat result in an additional late fees</li> <li>described in Section V.</li> </ul>		oiration date will al late fees as	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units	
Certification	Туре	Category		Class	R	equired	
TEMPORARY		WASTEWATER TREATMENT		5	4	5	
TEMPORARY		WASTEWATER TREATMENT		А	2	4	
II. CURRENT	<b>FEMPLOYMENT INF</b>	ORMATION					
Employer's Nam	ne:			Phone #	:		
Number of Facil	ities (or Plants) that you cur	rrently operate:		I am employe	d by the Fa	acility owner	
I am currently no	ot operating any Facility		I pi	rovide contractual	services to	the Facility	
Please provide t	he following information al	oout each Facility/Plant that you oper	ate. Use addtio	onal pages as need	led.		
Facility / Plant N	Vame		Class I	PDWIS (Water)	NPDES (V	Wastewater)	



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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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

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SLECHTER	Please enter you're current address on the lines below and, if necessa correct the City, state and ZIP Code. Please print legibly.		cessary,	Certification below will	n(s) shown l expire on:	7/1/2025
				The fee to re	enew these rtifications:	\$50
				<ul> <li>Failure to complete or submit reprint reprint to complete or submit reprit to compl</li></ul>		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW:				Т	raining Units
Certification T	уре 🤅	Category		Class		Required
OPERATOR	,	WASTEWATER TREATMENT		А	1	6
OPERATOR		WASTEWATER TREATMENT		5	3	0
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	2:			Phone #	#:	
Number of Facili	ties (or Plants) that you curre	ently operate:		I am employ	red by the F	acility owner
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This is page one	e of a two page form. Both	Operator Certifcation Nu	mber: 2850		
WELLBORN	Please enter you're current address on the lines below and, if necessary	f necessary,	Certification(s) sl below will expi		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIFIC	ATES TO RENEW:	<u>.</u>			Training Units
Certification T	уре	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Name	:			Phone #:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently not	t operating any Facility		Ι	provide contractual serv	rices to the Facility
Please provide th	e following information ab	out each Facility/Plant that you o	perate. Use addi	tional pages as needed.	
Facility / Plant Na	ame		Class	PDWIS (Water) NPE	DES (Wastewater)



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Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a t	two page form. Both pages must be completed and returned	d. Op	erator Certifcation	Number: 2862	
Pleas	VANGRAAFEILAND Please enter you're current address on the lines below and, if necess			s) shown expire on: <b>7/1/2025</b>	
correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	these <b>\$50</b>	
			requirements b result in an	nplete or submit renewa by the expiration date w additional late fees as ibed in Section V.	
I. CERTIFICATE	ES TO RENEW:			Training Units	S
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMP	PLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	r Plants) that you currently operate:		I am employed	d by the Facility owner	$\overline{\Box}$
I am currently not opera	ating any Facility	I pr	ovide contractual s	services to the Facility	
Please provide the follo	owing information about each Facility/Plant that you operate.	Use addtio	nal pages as neede	led.	
Facility / Plant Name		Class P	DWIS (Water) N	NPDES (Wastewater)	



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This is page on	e of a two page form. Bot	h pages must be completed and ret	urned. O	perator Certifcatio	on Number	2883
SMITH, JR.	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification below will	n(s) shown l expire on:	7/1/2025
				The fee to re	enew these rtifications:	\$50
				<ul> <li>requirements result in a</li> </ul>	Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>.</u>			r	<b>Fraining Units</b>
Certification <sup>-</sup>	Туре	Category		Class	F	Required
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LATTANZIA	Please enter you're current address on the lines below and, if necessary		if necessary,	Certification below will	n(s) shown l expire on:	7/1/2025
correct the	correct the City, state and	prrect the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$100
				requirements result in a	<ul> <li>Failure to complete or submit</li> <li>requirements by the expiration result in an additional late f</li> <li>described in Section V</li> </ul>	
I. CERTIFIC	ATES TO RENEW	_			Т	raining Units
Certification T	уре	Category		Class	R	Required
OPERATOR		WASTEWATER COLLECTIC	N	2	1	6
OPERATOR		WATER TREATMENT		4	3	0
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	:			Phone 7	#:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	ed by the F	acility owner
I am currently not	t operating any Facility		Ι	provide contractua	l services to	o the Facility
Please provide th	e following information ab	out each Facility/Plant that you	operate. Use add	tional pages as nee	eded.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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

## V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature

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

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This is page one of a two page form	. Both pages must be completed and return	<b>ned.</b> Op	verator Certifcation	n Number: <b>2899</b>
5	Please enter you're current address on the lines below and, if necessa		Certification( below will o	
correct the City, state	e and ZIP Code. Please print legibly.		The fee to rer certi	new these <b>\$50</b>
			requirements l result in an	mplete or submit renewal by the expiration date wil n additional late fees as ribed in Section V.
I. CERTIFICATES TO REN	EW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT EMPLOYMENT	INFORMATION			
Employer's Name:			Phone #:	:
Number of Facilities (or Plants) that ye	ou currently operate:		I am employe	ed by the Facility owner
I am currently not operating any Facili	ty	I pi	rovide contractual	services to the Facility
Please provide the following informati	ion about each Facility/Plant that you opera	te. Use addtio	onal pages as need	led.
Facility / Plant Name		Class I	DWIS (Water)	NPDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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

This is page on	e of a two page form. Both pages must be completed an	d returned.	Operator Certification Number: 2952			
	Please enter you're current address on the lines below and, if necessary,	, if necessary,	Certification(s) s below will expi			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			— requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	CATES TO RENEW:			Training Units		
Certification 7	Type Category		Class	Required		
OPERATOR	WASTEWATER COLLECTION	NC	2	16		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
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	Ι	provide contractual serv	vices to the Facility		
Please provide th	he following information about each Facility/Plant that you	ı operate. Use add	tional pages as needed.			
Facility / Plant N	lame	Class	PDWIS (Water) NPI	DES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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Name and Certification Number of Operator in Responsible Charge:

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Date

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	rator Certifcation N	Jumber:	2992
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		7/1/2025
(	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these cations:	\$50
			Failure to complete or requirements by the exp result in an addition described in Se		oiration date will al late fees as
	ATES TO RENEW:				raining Units
Certification Ty	/pe Category		Class	R	equired
OPERATOR	WATER TREATMENT		2	1	6
II. CURRENT I	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed b	by the Fa	acility owner
I am currently not	operating any Facility	I pro	vide contractual ser	rvices to	the Facility
Please provide the	following information about each Facility/Plant that you operate. Use	e addtion	al pages as needed	<i>l</i> .	
Facility / Plant Nat	me Cla	ass PI	OWIS (Water) NP	DES (W	√astewater)



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Date

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This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certifcation N	umber: <b>2994</b>
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	//1/////5
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
	ATES TO RENEW:			<b>Training Units</b>
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed b	y the Facility owner
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Please provide the	e following information about each Facility/Plant that you operate. Use	addtior	nal pages as needed.	
Facility / Plant Na	cla:	iss Pl	DWIS (Water) NP	DES (Wastewater)



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This is page on	e of a two page form. Both pages must be completed and returned.	Op	erator Certification N	Jumber: <b>3002</b>
CAMPBELL	Please enter you're current address on the lines below and, if necessary		Certification(s) below will ex	//1/////5
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	w these <b>\$50</b> cations:
			requirements by result in an a	olete or submit renewal the expiration date will additional late fees as ed in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner
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Facility / Plant N	lame C	Class P	DWIS (Water) NI	DES (Wastewater)



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This is page on	e of a two page form. Bot	h pages must be completed and return	rned. Op	erator Certifcatio	on Number:	3163
IRVINE	Please enter you're current address on the lines below and, if necessa		essary,	Certification below will	n(s) shown l expire on:	7/1/2025
correc	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications:	\$50
				Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		piration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units
Certification <sup>-</sup>	Гуре	Category		Class	R	Required
OPERATOR		WASTEWATER TREATMENT		5	3	0
OPERATOR		WASTEWATER TREATMENT		А	1	6
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone #	#:	
Number of Facil	ities (or Plants) that you cur	rrently operate:		I am employ	ed by the F	acility owner
I am currently no	ot operating any Facility		I pı	ovide contractua	l services to	o the Facility
Please provide th	he following information at	oout each Facility/Plant that you operc	ute. Use addtio	onal pages as nee	eded.	
Facility / Plant N	lame		Class F	DWIS (Water)	NPDES (V	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

Date

Last 4 digits of Social Security Number

Email Address

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

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This is page one	e of a two page form. Both pages must be completed and returned.	Ol	perator Certifcation Nu	umber: <b>3278</b>
RUTH JR	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	///////////////////////////////////////
с	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
OPERATOR	WATER TREATMENT		5AS	16
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>			
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 operate. U	se addtio	onal pages as needed.	
Facility / Plant N	lame C	lass l	PDWIS (Water) NPI	DES (Wastewater)



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• • • •	f a two page form. Both pages must be	completed and returned.	Operator Certification Number: <b>3429</b>				
		rrent address on the lines below and, if necessary,	Certification(s) below will exp				
correct the City, state and ZIP Code. Please print legibly.		e print legibly.	The fee to renew certific	v these <b>\$50</b> cations:			
			— requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.			
	TES TO RENEW:		-	Training Units			
Certification Ty	e Category		Class	Required			
TEMPORARY	WATER TREAT	IMENT	4	45			
II. CURRENT E	MPLOYMENT INFORMATION						
Employer's Name:			Phone #:				
Number of Facilitie	s (or Plants) that you currently operate:		I am employed b	by the Facility owner			
I am currently not o	perating any Facility		I provide contractual set	rvices to the Facility			
Please provide the	ollowing information about each Facility	Plant that you operate. Use add	dtional pages as needed	'.			
Facility / Plant Nan	e	Class	PDWIS (Water) NF	'DES (Wastewater)			



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This is page of	ne of a two page form. Bo	th pages must be completed and	returned. O	perator Certifcation	Number: <b>3552</b>
OBERTON	Please enter you're current address on the lines below and, if necessary,		if necessary,	Certification(s below will e	
	correct the City, state an	d ZIP Code. Please print legibly.		The fee to ren certi	these <b>\$100</b>
				requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.
I. CERTIFI	CATES TO RENEV	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
SUPERINTEN	IDENT	WATER TREATMENT		4	7
OPERATOR		WATER TREATMENT		4	30
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed	d by the Facility owner
I am currently n	not operating any Facility		II	provide contractual s	services to the Facility
Please provide	the following information of	about each Facility/Plant that you	operate. Use addt	ional pages as neede	ed.
Facility / Plant 1	Name		Class	PDWIS (Water) N	NPDES (Wastewater)



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This is page one of a two page form. Bot	h pages must be completed and return	ned. O <sub>l</sub>	perator Certifcatio	on Number:	3555
5	r you're current address on the lines below and, if neces	essary,	Certification below will	n(s) shown l expire on:	7/1/2025
correct the City, state and ZIP Code. Please print legibly.			The fee to rec	enew these rtifications:	\$100
			requirements – requirements – result in a	s by the exp	submit renewal piration date will al late fees as ection V.
I. CERTIFICATES TO RENEW	<u>:</u>			г	raining Units
Certification Type	Category		Class		Required
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	,
SUPERINTENDENT	WATER DISTRIBUTION		1	7	,
II. CURRENT EMPLOYMENT INF	ORMATION				
Employer's Name:			Phone #	#:	
Number of Facilities (or Plants) that you cu	rrently operate:		I am employ	ed by the F	acility owner
I am currently not operating any Facility		I p	rovide contractua	l services to	o the Facility
Please provide the following information a	bout each Facility/Plant that you operat	te. Use addtie	onal pages as nee	eded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (V	Wastewater)



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This is page one of a two page form.	Both pages must be completed and re	eturned.	Operator Certifcation N	umber: 3573
	ter you're current address on the lines below and, if necessary	necessary,	Certification(s) below will exp	//1/////5
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
			— requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
I. CERTIFICATES TO REN				Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WATER DISTRIBUTION		1	7
II. CURRENT EMPLOYMENT	INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that yo	ou currently operate:		I am employed b	y the Facility owner
I am currently not operating any Facilit	у 🗌	I	provide contractual ser	vices to the Facility
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5	Please enter you're current address on the lines below and, if necessa orrect the City, state and ZIP Code. Please print legibly.	essary,	Certification below will	n(s) shown expire on:	7/1/2025
correct the City, stat			The fee to re cer	enew these tifications:	\$50
			<ul> <li>Failure to complete or submit re</li> <li>requirements by the expiration d</li> <li>result in an additional late feed</li> <li>described in Section V.</li> </ul>		piration date will al late fees as
I. CERTIFICATES TO REN	IEW:			т	raining Units
Certification Type	Category		Class	R	Required
OPERATOR	WASTEWATER TREATMENT		5	3	0
OPERATOR	WASTEWATER TREATMENT		А	1	6
II. CURRENT EMPLOYMENT	INFORMATION				
Employer's Name:			Phone #	<b>#:</b>	
Number of Facilities (or Plants) that ye	ou currently operate:		I am employe	ed by the F	acility owner
I am currently not operating any Facili	ty	I pi	rovide contractual	l services to	o the Facility
Please provide the following information	ion about each Facility/Plant that you opera	te. Use addtio	onal pages as nee	ded.	
Facility / Plant Name		Class I	PDWIS (Water)	NPDES (V	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

h pages must be completed and return	ned. Op	erator Certifcation	n Number: <b>3694</b>	
e enter you're current address on the lines below and, if necessary ct the City, state and ZIP Code. Please print legibly.	ssary,			25
			\$100	
		— requirements by the expiration result in an additional late for		te will
• •			Training L	Jnits
Category		Class	Required	
INDUSTRIAL WASTEWATER		6	16	
WATER TREATMENT		3	30	
ORMATION				
		Phone #	:	
rrently operate:		I am employe	d by the Facility own	er
	I pr	ovide contractual	services to the Facili	ty 🗌
bout each Facility/Plant that you operat	e. Use addtio	nal pages as need	led.	
	Class P	DWIS (Water)	NPDES (Wastewater)	)
	t address on the lines below and, if nece ZIP Code. Please print legibly. Category INDUSTRIAL WASTEWATER WATER TREATMENT ORMATION rrently operate:		Certification below will The fee to re- cert Failure to co requirements result in an descri- Category Class INDUSTRIAL WASTEWATER 6 WATER TREATMENT 3 ORMATION I provide contractual bout each Facility/Plant that you operate. Use additional pages as need	Certification(s) shown below will expire on:       7/1/20         The fee to renew these certifications:       \$100         Failure to complete or submit repreduirements by the expiration data result in an additional late fees described in Section V.       \$100         Category       Class       Required         INDUSTRIAL WASTEWATER       6       16         WATER TREATMENT       3       30         ORMATION       Phone #:



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 3703			
	ease enter you're current address on tl		Certificatio below wil	n(s) shown Il expire on: <b>7/1/2025</b>		
со	rrect the City, state and ZIP Code. Pl	ZIP Code. Please print legibly.	The fee to r ce	renew these <b>\$100</b>		
			requirement result in	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.		
I. CERTIFICA	<u>FES TO RENEW:</u>			<b>Training Units</b>		
Certification Typ	e Category		Class	Required		
OPERATOR	INDUSTRI	AL WASTEWATER	5	30		
OPERATOR	WASTEWA	TER TREATMENT	5	30		
SUPERINTENDEN	IT INDUSTRIA	AL WASTEWATER	5	7		
II. CURRENT EN	<b>MPLOYMENT INFORMATIO</b>	Ν				
Employer's Name:			Phone	#:		
Number of Facilities	(or Plants) that you currently operate	2:	I am employ	yed by the Facility owner		
I am currently not op	perating any Facility		I provide contractua	al services to the Facility		
Please provide the f	ollowing information about each Fac	ility/Plant that you operate. Use a	ddtional pages as ne	eded.		
Facility / Plant Nam	2	Class	PDWIS (Water)	NPDES (Wastewater)		



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SMYERS	Please enter you're current address on the lines below and, if necessary	у,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	CATES TO RENEW:			<b>Training Units</b>
Certification 7	Гуре Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual ser-	vices to the Facility
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Facility / Plant N	lame C.	lass P	DWIS (Water) NPI	DES (Wastewater)



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This is page one	of a two page form. Both pages must be	Operator Certification N	umber: <b>3924</b>	
		current address on the lines below and, if necessary,	Certification(s) below will exp	//1/////5
correct the City, state and ZIP Code. Please print legibly.		e print legibly.	The fee to renew certific	these <b>\$50</b>
			Failure to con requirements b result in an descri	
	ATES TO RENEW:		-	Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREA	TMENT	3	30
II. CURRENT I	<b>CMPLOYMENT INFORMATION</b>			
Employer's Name:			Phone #:	
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	r you're current address on the lines below and, if necessar	y,	Certification(s) s below will expi	
correct the (	City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
		Failure to complete or requirements by the ex result in an addition described in S		he expiration date will ditional late fees as
I. CERTIFICATES TO	O RENEW:			Training Units
Certification Type	Category		Class	Required
SUPERINTENDENT	WASTEWATER TREATMENT		5	7
SUPERINTENDENT	WASTEWATER TREATMENT		А	7
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Employer's Name:			Phone #:	
Number of Facilities (or Plant	ts) that you currently operate:		I am employed by	the Facility owner
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Please verify your information shown on this application and make any corrections as needed.

This is page or	e of a two page form. Both pages must be completed and return	ed. Ope	erator Certifcation	on Number: <b>4100</b>
DELACEY	Please enter you're current address on the lines below and, if neces	ssary,	Certification below will	
cori	correct the City, state and ZIP Code. Please print legibly.		The fee to receive	enew these <b>\$100</b> tifications:
		requirements result in a		omplete or submit renewal by the expiration date wil n additional late fees as ribed in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #	<b>#:</b>
Number of Facil	lities (or Plants) that you currently operate:		I am employe	ed by the Facility owner
I am currently ne	ot operating any Facility	I pro	ovide contractual	l services to the Facility
Please provide t	the following information about each Facility/Plant that you operate	e. Use addtio	nal pages as need	ded.
Facility / Plant N	Name	Class P	DWIS (Water)	NPDES (Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

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- I 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

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This is page one of a two page form	rned. C	Operator Certifcation N	umber: <b>4519</b>	
	Please enter you're current address on the lines below and, if necessa		Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50
		requirements by the ex- result in an additio		lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES TO REN				Training Units
Certification Type	Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		7	16
II. CURRENT EMPLOYMENT	INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants) that ye	ou currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facili	ity	I	provide contractual ser	vices to the Facility
Please provide the following informat	ion about each Facility/Plant that you oper	ate. Use addt	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)



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Applicant's Signature

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This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 4689		
BOATWRIGHT Please enter you're current address on the lines below and, if nece correct the City, state and ZIP Code. Please print legibly.		address on the lines below and, if necessary,	Certification(s below will ex	· //	1/2025	
			The fee to rene certif	ew these <b>\$5</b> fications:	0	
			Failure to comp requirements by result in an ac describe		y the expiration	ion date will te fees as
	ATES TO RENEW:					ing Units
Certification Ty	ре	Category		Class	Requ	ired
TEMPORARY		WASTEWATER COLLECTI	ON	2	24	
II. CURRENT I	EMPLOYMENT INFO	RMATION				
Employer's Name:				Phone #:		
Number of Faciliti	es (or Plants) that you curr	ently operate:		I am employed	by the Facilit	y owner
I am currently not	operating any Facility	]		I provide contractual s	ervices to the	Facility
Please provide the	following information abo	ut each Facility/Plant that yo	u operate. Use add	dtional pages as neede	ed.	
Facility / Plant Nar	ne		Class	PDWIS (Water) N	PDES (Waste	ewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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This is page one of a two page form. Both pages must be completed and returned.			turned. C	Operator Certifcation Number: 4845			
5		rrent address on the lines below and, if necessary and ZIP Code. Please print legibly.	ecessary,		l expire on:	7/1/2025	
		1 8 7		The fee to re	enew these rtifications:	\$50	
				Failure to complete or sub- requirements by the expirat result in an additional la described in Sectio		expiration date will onal late fees as	
I. CERTIFICA	ATES TO RENEW:	L			1	<b>Fraining Units</b>	
Certification Ty	pe	Category		Class		Required	
OPERATOR		WASTEWATER TREATMENT		5	3	30	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT F	EMPLOYMENT INF	ORMATION					
Employer's Name:				Phone	#:		
Number of Facilitie	es (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner	
I am currently not o	operating any Facility		I	provide contractua	l services t	o the Facility	
Please provide the	following information ab	out each Facility/Plant that you ope	erate. Use addt	ional pages as nee	eded.		
Facility / Plant Nar	ne		Class	PDWIS (Water)	NPDES (	Wastewater)	



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Name and Certification Number of Operator in Responsible Charge:

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This is page one of	f a two page form. Both pages must be completed and returned	<b>d.</b> O	Operator Certification Number: 5156		
	ease enter you're current address on the lines below and, if necessa	ary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	\$50	
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	De Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not of	perating any Facility	ΙĮ	provide contractual serv	vices to the Facility	
Please provide the f	following information about each Facility/Plant that you operate.	Use addt	ional pages as needed.		
Facility / Plant Nam	e	Class	PDWIS (Water) NPI	DES (Wastewater)	



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	Please enter you're current address on the lines below and, if necessar		cessary,	Certification below will		7/1/2025
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.		The fee to represent	certifications: <b>\$50</b>	
				Failure to complete or submit requirements by the expiration result in an additional late described in Section V		iration date will al late fees as
I. CERTIFIC	CATES TO RENEW	<u>.</u>			т	raining Units
Certification <sup>-</sup>	Туре	Category		Class	R	equired
OPERATOR		WASTEWATER TREATMENT		А	1	6
OPERATOR		WASTEWATER TREATMENT		5	3	0
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	le:			Phone #	:	
Number of Facil	ities (or Plants) that you cur	crently operate:		I am employe	d by the Fa	acility owner
I am currently no	ot operating any Facility		I pi	rovide contractual	services to	the Facility
Please provide t	he following information at	oout each Facility/Plant that you oper	ate. Use addtio	onal pages as need	led.	
Facility / Plant N	Jame		Class I	PDWIS (Water)	NPDES (V	Vastewater)



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# VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

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

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

This is page on	e of a two page form. Bot	h pages must be completed a	nd returned.	Operator Certifcatio	on Number:	5510
KLIMOVITZ	Please enter you're current address on the lines below and, if necessary,			Certification below will	n(s) shown expire on:	7/1/2025
	correct the City, state and	ZIP Code. Please print legibly	7.	The fee to re	enew these tifications:	\$50
				Failure to complete or requirements by the exp result in an addition described in Se		iration date will al late fees as
	<u>CATES TO RENEW</u>					raining Units
Certification 1	Гуре	Category		Class	R	equired
OPERATOR		INDUSTRIAL WASTEWAT	ER	2	0	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #	<i>i</i> :	
Number of Facili	ties (or Plants) that you cu	rrently operate:		I am employ	ed by the Fa	cility owner
I am currently no	t operating any Facility	7		I provide contractua	l services to	the Facility
Please provide th	he following information al	pout each Facility/Plant that y	ou operate. Use ad	dtional pages as nee	ded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (W	Vastewater)



## **III. CONTINUING EDUCATION:**

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Date

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This is page or	ne of a two page form. Both pages must be completed and return	ed. O	perator Certifcation Nu	mber: <b>5551</b>
PICKERAL	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	///////////////////////////////////////
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			<ul> <li>requirements by t result in an ad</li> </ul>	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	FEMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide i	the following information about each Facility/Plant that you operate	e. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Date

Last 4 digits of Social Security Number

Email Address

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This is page one of a two page form. Both pages must be completed and returned.			rned. Op	Operator Certifcation Number: 5653			
	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s below will e			
	correct the City, state and	ct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	these <b>\$50</b>		
				Failure to complete or submit requirements by the expiration result in an additional late for described in Section V			
I. CERTIFI	CATES TO RENEW	• •			Training Unit	s	
Certification	Туре	Category		Class	Required		
OPERATOR		WASTEWATER TREATMENT		5	30		
OPERATOR		WASTEWATER TREATMENT		А	16		
II. CURRENT	Г EMPLOYMENT INF	ORMATION					
Employer's Nam	ne:			Phone #:			
Number of Facil	lities (or Plants) that you cur	rrently operate:		I am employed	d by the Facility owner		
I am currently ne	ot operating any Facility		I p	rovide contractual s	services to the Facility		
Please provide t	the following information al	oout each Facility/Plant that you oper	ate. Use addtio	onal pages as neede	led.		
Facility / Plant N	Name		Class I	PDWIS (Water) N	NPDES (Wastewater)		



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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page one	of a two page form. Both pages must be	completed and returned.	Operator Certification 1	Number: 5692
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and ZIP Code. Pleas	e print legibly.	The fee to rene certif	w these <b>\$50</b>
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
	ATES TO RENEW:			Training Units
Certification T	/pe Category		Class	Required
OPERATOR	INDUSTRIAL	WASTEWATER	2	0
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name			Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not	operating any Facility		I provide contractual se	ervices to the Facility
Please provide th	e following information about each Facilit	y/Plant that you operate. Use ad	dtional pages as neede	<i>d</i> .
Facility / Plant Na	me	Class	PDWIS (Water) N	PDES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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This is page one of a two	o page form. Both pages must be completed and returned.	Ope	erator Certifcation Nu	mber: 5758	
	enter you're current address on the lines below and, if necessary	у,	Certification(s) sl below will expi		
correct the City, state and	the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
			Failure to complete or submi requirements by the expiration result in an additional late described in Section		
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		А	16	
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			rovide contractual services to the Facility		
Please provide the followi	ing information about each Facility/Plant that you operate. Us	se addtion	nal pages as needed.		
Facility / Plant Name	С	Class Pl	DWIS (Water) NPE	DES (Wastewater)	



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This is page or	e of a two page form. Both pages must be comple	Operator Certifcation Number: 5969			
BRIGMAN	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		
			The fee to renew certific	\$50	
			requirements by result in an ac	ete or submit renewal the expiration date will Iditional late fees as d in Section V.	
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	INDUSTRIAL WASTE	WATER	2	0	
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Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently n	ot operating any Facility		I provide contractual ser	vices to the Facility	
Please provide i	the following information about each Facility/Plant t	hat you operate. Use ad	dtional pages as needed.		
Facility / Plant N	Name	Class	PDWIS (Water) NP	DES (Wastewater)	



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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certification Number: 6095			
BOWEN	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 below wil	n(s) shown l expire on			
			The fee to renew these certifications: <b>\$50</b>				
				<ul> <li>Failure to complete or submit rer</li> <li>requirements by the expiration da result in an additional late fees</li> <li>described in Section V.</li> </ul>		piration date will nal late fees as	
I. CERTIFIC	CATES TO RENEW	-			٦	Fraining Units	
Certification 7	Гуре	Category		Class	F	Required	
OPERATOR		WASTEWATER TREATMENT		5	3	30	
OPERATOR		WASTEWATER TREATMENT		А	-	16	
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION					
Employer's Name	e:			Phone	#:		
Number of Facili	ities (or Plants) that you cur	crently operate:		I am employ	red by the F	Facility owner	
I am currently not operating any Facility			Ιŗ	I provide contractual services to the Facility			
Please provide th	he following information al	oout each Facility/Plant that you ope	erate. Use addti	ional pages as nee	eded.		
Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (	Wastewater)	



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

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

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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: 6119			
	Please enter you're current address on the lines below and, if necessary,	ssary,	Certification(s) shown below will expire on: 7/1/2025			
	orrect the City, state and ZIP Code. Please print legibly.			The fee to rer cert	new these ifications:	\$100
				<ul> <li>Failure to complete or submit renew</li> <li>requirements by the expiration date result in an additional late fees as described in Section V.</li> </ul>		iration date will Il late fees as
	ATES TO RENEW:	-		Class		raining Units
Certification Ty	pe	Category		Class	Re	equired
OPERATOR		WASTEWATER TREATMENT		5	30	)
OPERATOR		WASTEWATER TREATMENT		А	16	6
SUPERINTENDE	INT	WASTEWATER TREATMENT		5	7	
SUPERINTENDE	INT	WASTEWATER TREATMENT		А	7	
II. CURRENT I	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:	:	
Number of Faciliti	es (or Plants) that you cur	rently operate:		I am employe	d by the Fa	cility owner
I am currently not operating any Facility			provide contractual services to the Facility			
Please provide the	following information ab	out each Facility/Plant that you operate	e. Use addt	ional pages as need	led.	
Facility / Plant Nat	ne		Class	PDWIS (Water)	NPDES (W	astewater)



## **III. CONTINUING EDUCATION:**

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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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

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

This is page or	ne of a two page form. Both pages must be completed and returned	Operator Certification Number: 6385 Certification(s) shown below will expire on: 7/1/2025			
BUSSARD	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.				
			The fee to renew certific	\$50	
			<ul> <li>requirements by result in an acceleration</li> </ul>	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		5RO	24	
II. CURREN	F EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility			provide contractual services to the Facility		
Please provide	the following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.		
Facility / Plant 1	Name	Class	PDWIS (Water) NP	DES (Wastewater)	



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

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This is page on	e of a two page form. Both pages must be completed and returned.	Op	erator Certifcation Nu	umber: <b>7007</b>
MASON	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	
			The fee to renew certifica	\$50
		Failure to complete or s requirements by the exp result in an additiona described in Sec		the expiration date will Iditional late fees as
	CATES TO RENEW:			<b>Training Units</b>
Certification <sup>-</sup>	Гуре Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide t	he following information about each Facility/Plant that you operate. Us	se addtio	nal pages as needed.	
Facility / Plant N	lame C	lass P	DWIS (Water) NPI	DES (Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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This is page on	e of a two page form. Both pages must be compl	leted and returned.	Operator Certification Number: 7147			
BOILEAU II	Please enter you're current address on the lines be		certification(s) shown below will expire on: 7/1			
	correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these states <b>\$100</b>		
			requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.		
	CATES TO RENEW:			<b>Training Units</b>		
Certification <sup>-</sup>	Гуре Category		Class	Required		
OPERATOR	WATER TREATMEN	Т	1	16		
OPERATOR	WASTEWATER TRE	ATMENT	А	16		
OPERATOR	WASTEWATER TRE	ATMENT	5	30		
II. CURRENT	<b>EMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone	#:		
Number of Facil	ities (or Plants) that you currently operate:		I am employ	red by the Facility owner		
I am currently no	ot operating any Facility		I provide contractua	al services to the Facility		
Please provide th	he following information about each Facility/Plant	t that you operate. Use ad	dtional pages as nee	eded.		
Facility / Plant N	ame	Class	PDWIS (Water)	NPDES (Wastewater)		



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## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page on	e of a two page form. Bot	urned. C	Operator Certification Number: 7212			
MACKERETH	Please enter you're curren	t address on the lines below and, if n	ecessary,	Certification below will	n(s) shown l expire on:	7/1/2025
correct the City, state and ZIP Code. Please print legibly.				The fee to re	enew these rtifications:	\$100
				requirements result in a	s by the ex	submit renewal piration date will al late fees as ection V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			٦	raining Units
Certification 7	Гуре	Category		Class		Required
OPERATOR		WASTEWATER COLLECTION		2	1	6
OPERATOR		WATER DISTRIBUTION		1	1	6
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone	#:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	red by the F	acility owner
I am currently no	t operating any Facility		Ij	provide contractua	l services t	o the Facility
Please provide th	he following information al	out each Facility/Plant that you ope	erate. Use addt	ional pages as nee	eded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (	Wastewater)



## **III. CONTINUING EDUCATION:**

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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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	ed. Op	Operator Certification Number: 7226			
		address on the lines below and, if nece	ssary,	Certification below will		
C	correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these tifications	\$100
				requirements result in a	by the ex	submit renewal piration date will tal late fees as ection V.
I. CERTIFICA	ATES TO RENEW:				-	Fraining Units
Certification Ty	rpe (	Category		Class	I	Required
OPERATOR		NDUSTRIAL WASTEWATER		2	(	)
TEMPORARY	N N	NATER TREATMENT		2		24
II. CURRENT I	EMPLOYMENT INFO	RMATION				
Employer's Name:				Phone #	<b>#:</b>	
Number of Faciliti	es (or Plants) that you curre	ently operate:		I am employe	ed by the H	Facility owner
I am currently not	operating any Facility	]	I p	rovide contractual	l services t	o the Facility
Please provide the	following information abo	ut each Facility/Plant that you operat	e. Use addtio	onal pages as nee	ded.	
Facility / Plant Nat	ne		Class I	PDWIS (Water)	NPDES (	Wastewater)



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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page one	of a two page form. Both pages must be com	Operator Certifcation Number: 7251			
	Please enter you're current address on the lines		Certification( below will e		
	correct the City, state and ZIP Code. Please pri	nt legibly.	The fee to ren certi	ew these fications: <b>\$50</b>	
				nplete or submit renewal by the expiration date will additional late fees as bed in Section V.	
	ATES TO RENEW:			Training Units	
Certification Ty	rpe Category		Class	Required	
OPERATOR	WATER TREATME	NT	1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Faciliti	es (or Plants) that you currently operate:		I am employed	l by the Facility owner	
I am currently not	operating any Facility		I provide contractual s	services to the Facility	
Please provide the	following information about each Facility/Pla	nt that you operate. Use ad	dtional pages as need	ed.	
Facility / Plant Na	me	Class	PDWIS (Water) N	NPDES (Wastewater)	



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This is page one of	a two page form. Both pages must be completed a	nd returned. O	Operator Certifcation Number: 7341			
	ease enter you're current address on the lines below an			Certification(s) shown below will expire on: 7/1/		
correct the City, state and ZIP Code. Please print legibly.		7.	The fee to rec	enew these rtifications:	\$50	
			<ul> <li>requirements result in a</li> </ul>	s by the exp	submit renewal biration date will al late fees as ection V.	
I. CERTIFICA	TES TO RENEW:			т	raining Units	
Certification Typ	e Category		Class		equired	
OPERATOR	WATER TREATMENT		2	1	6	
OPERATOR	WATER TREATMENT		3	3	0	
II. CURRENT EN	MPLOYMENT INFORMATION					
Employer's Name:			Phone #	#:		
Number of Facilities	(or Plants) that you currently operate:		I am employ	ed by the F	acility owner	
I am currently not op	perating any Facility	Ιp	provide contractua	l services to	the Facility	
Please provide the fe	ollowing information about each Facility/Plant that ye	ou operate. Use addti	onal pages as nee	eded.		
Facility / Plant Name	2	Class	PDWIS (Water)	NPDES (V	Wastewater)	



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page or	ne of a two page for	returned. (	Operator Certification Number: 7617			
JONES	Please enter you're current address on the lines below and, if necess		if necessary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific			
				requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.	
I. CERTIFI	CATES TO RE	NEW:		uescribe	Training Units	
Certification		Category		Class	Required	
OPERATOR		WATER TREATMENT		4	30	
OPERATOR		WASTEWATER TREATMENT		3	30	
SUPERINTEN	DENT	WATER TREATMENT		1	7	
SUPERINTEN	DENT	WATER TREATMENT		4	7	
OPERATOR		WATER TREATMENT		1	16	
II. CURREN	T EMPLOYMEN	T INFORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that	you currently operate:		I am employed by	y the Facility owner	
I am currently n	ot operating any Fac	ility	Ι	provide contractual ser	vices to the Facility	
Please provide	the following inform	ation about each Facility/Plant that you	operate. Use addi	tional pages as needed.		
Facility / Plant 1	Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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5	rent address on the lines below and, if nec	essary,	Certification(s) shown below will expire on: 7/1/2		7/1/2025	
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	enew these tifications:	\$50	
			- requirements result in a	by the ex	submit renewal piration date will al late fees as ection V.	
I. CERTIFICATES TO RENE	<u>W:</u>			٦	raining Units	
Certification Type	Category		Class	F	Required	
OPERATOR	WASTEWATER TREATMENT		5	3	30	
OPERATOR	WASTEWATER TREATMENT		А	1	6	
II. CURRENT EMPLOYMENT I	NFORMATION					
Employer's Name:			Phone #	<i>‡</i> :		
Number of Facilities (or Plants) that you	currently operate:		I am employe	ed by the F	acility owner	
I am currently not operating any Facility		I pi	rovide contractual	l services t	o the Facility	
Please provide the following information	n about each Facility/Plant that you opera	te. Use addtic	onal pages as nee	ded.		
Facility / Plant Name		Class F	PDWIS (Water)	NPDES (V	Wastewater)	



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This is page on	e of a two page form. Both pages must be completed and returned.	Op	Operator Certifcation Number: 7822		
WAGANER	Please enter you're current address on the lines below and, if necessary,	,	Certification(s) s below will exp		7/1/2025
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific		\$50
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
	CATES TO RENEW:				raining Units
Certification	Type Category		Class	R	equired
OPERATOR	WATER TREATMENT		2	1	6
II. CURRENT	<b>CEMPLOYMENT INFORMATION</b>				
Employer's Nam	e:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Fa	cility owner
I am currently no	ot operating any Facility	I pr	ovide contractual ser	vices to	the Facility
Please provide t	he following information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.		······
Facility / Plant N	lame Cla	ass P	DWIS (Water) NP	DES (V	/astewater)



## **III. CONTINUING EDUCATION:**

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

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

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

## V. LATE FEES AND REINSTATEMENT

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# VII. APPLICANT'S STATEMENT

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

Applicant's Signature

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

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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. Botl	n pages must be completed and re	<b>urned.</b> O	perator Certifcation	on Number	8082
GRIER	2	address on the lines below and, if r	ecessary,		Certification(s) shown below will expire on: 7/1/	
correct the City, state and ZIP Code. Please print legibly.			The fee to re	enew these rtifications:	\$50	
				requirements result in a	s by the ex	submit renewal piration date will nal late fees as ection V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			٦	Fraining Units
Certification T	ӯре	Category		Class	F	Required
OPERATOR		WASTEWATER TREATMENT		А	1	16
OPERATOR		WASTEWATER TREATMENT		5	3	30
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	2:			Phone	#:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employ	red by the F	Facility owner
I am currently no	t operating any Facility		Ιŗ	provide contractua	l services t	o the Facility
Please provide th	e following information at	out each Facility/Plant that you op	erate. Use addti	ional pages as nee	eded.	
Facility / Plant N	ame		Class	PDWIS (Water)	NPDES (	Wastewater)



## **III. CONTINUING EDUCATION:**

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page or	e of a two page form. Both pages must be completed and returned.	Ol	Operator Certifcation Number: 8559			
CROSTEN	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50		
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.		
	CATES TO RENEW:			Training Units		
Certification	Type Category		Class	Required		
OPERATOR	WATER TREATMENT		4	30		
II. CURRENT	FEMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner		
I am currently n	ot operating any Facility	Ιp	rovide contractual serv	ices to the Facility		
Please provide i	he following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.			
Facility / Plant N	Name C	Class I	PDWIS (Water) NPD	ES (Wastewater)		



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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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This is page on	e of a two page form. Bot	h pages must be completed and re	turned. C	Operator Certifcatio	n Number:	8631
GILLIAM		t address on the lines below and, if r	necessary,	Certification below will		7/1/2025
correct the City, state and ZIP Code. Please print legibly.			The fee to re cer	new these tifications:	\$50	
				requirements result in a	by the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Т	raining Units
Certification <sup>-</sup>	Туре	Category		Class	R	equired
OPERATOR		WASTEWATER TREATMENT		5	30	D
OPERATOR		WASTEWATER TREATMENT		А	10	6
II. CURRENT	<b>EMPLOYMENT INF</b>	ORMATION				
Employer's Nam	e:			Phone #	<i>t</i> :	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employe	ed by the Fa	cility owner
I am currently no	ot operating any Facility		Ι	provide contractual	services to	the Facility
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Facility / Plant N	lame		Class	PDWIS (Water)	NPDES (W	/astewater)



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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

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Email Address

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This is page one of a two page form. Both pages must be completed and returned. Ope					Operator Certifcation Number: 8680		
	Please enter you're current address on the lines below and, if necessary		, if necessary,	Certification( below will e	/	7/1/2025	
	correct the City, state and ZIP Code. Please print legibly.			The fee to ren certi	ew these fications:	\$50	
			Failure to complete o requirements by the e result in an additio described in			iration date will Il late fees as	
	ATES TO RENEW:					raining Units	
Certification T	ype C	Category		Class	Re	equired	
SUPERINTEND	ENT V	VATER TREATMENT		4	7		
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Name				Phone #:	_		
Number of Facilit	ies (or Plants) that you curre	ntly operate:		I am employed	l by the Fa	cility owner	
I am currently not	operating any Facility		]	provide contractual	services to	the Facility	
Please provide the	e following information abou	ıt each Facility/Plant that yoı	ı operate. Use add	ltional pages as need	ed.		
Facility / Plant Na	me		Class	PDWIS (Water) N	NPDES (W	vastewater)	



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	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) shown below will expire on: 7/1/2025		
					The fee to renew these certifications: <b>\$100</b>	
				<ul> <li>Failure to complete or submit requirements by the expiration d result in an additional late feed</li> <li>described in Section V.</li> </ul>		piration date will al late fees as
I. CERTIFIC	ATES TO RENEW:				г	raining Units
Certification T	уре	Category		Class		Required
OPERATOR	,	WATER DISTRIBUTION		1	1	6
OPERATOR	,	WASTEWATER COLLECTION		2	1	6
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Name	:			Phone	#:	
Number of Facilit	ies (or Plants) that you curr	ently operate:		I am employ	red by the F	acility owner
I am currently not	operating any Facility	]	Ι	provide contractua	l services to	o the Facility
Please provide the	e following information abo	ut each Facility/Plant that you ope	rate. Use addi	ional pages as nee	eded.	
Facility / Plant Na	ame		Class	PDWIS (Water)	NPDES (V	Wastewater)



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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

This is page one	e of a two page form. Both pages must be completed and returned.	Oper	ator Certifcation	8787		
STONESIFER	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expire		7/1/2025	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>			
			requirements result in a	submit renewal biration date will al late fees as ection V.		
	CATES TO RENEW:				raining Units	
Certification T	Type Category		Class	R	equired	
OPERATOR	WATER TREATMENT		1	1	6	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	e:		Phone	#:		
Number of Facili	ities (or Plants) that you currently operate:		I am employ	red by the Fa	acility owner	
I am currently no	ot operating any Facility	I prov	vide contractua	l services to	the Facility	
Please provide th	he following information about each Facility/Plant that you operate. Use	e addtion	al pages as nee	eded.		
Facility / Plant N	Tame Clas	ass PD	WIS (Water)	NPDES (W	Vastewater)	



## **III. CONTINUING EDUCATION:**

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

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

## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Number: 8814			
CUSIC	Please enter you're current address on the lines below and, if neces	f necessary,	Certification(s) shown below will expire on: <b>7/1/2025</b>			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: <b>\$50</b>			
			- requirements result in a	omplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFI	<u>CATES TO RENEW:</u>			<b>Training Units</b>		
Certification	Type Category		Class	Required		
OPERATOR	WASTEWATER TREATMENT		5	30		
OPERATOR	WASTEWATER TREATMENT		А	16		
OPERATOR	WASTEWATER TREATMENT		3	30		
II. CURREN	FEMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #	<b>:</b>		
Number of Faci	lities (or Plants) that you currently operate:		I am employe	ed by the Facility owner		
I am currently n	ot operating any Facility	I p	rovide contractual	l services to the Facility		
Please provide i	the following information about each Facility/Plant that you o	perate. Use addtio	onal pages as nee	ded.		
Facility / Plant N	Name	Class I	PDWIS (Water)	NPDES (Wastewater)		



## **III. CONTINUING EDUCATION:**

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

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

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 8850			
	Please enter you're current address on the lines below and, if necess	ssary,	Certification(s) shown below will expire on: 7/1/20		7/1/2025		
c	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: <b>\$100</b>			
				requirements result in a	submit renewal piration date will al late fees as ection V.		
I. CERTIFICA	ATES TO RENEW:				Т	Training Units	
Certification Ty	pe Ca	itegory		Class		Required	
OPERATOR	W	ASTEWATER TREATMENT		5	3	0	
TEMPORARY	W	ATER TREATMENT		5RO	2	24	
II. CURRENT I	EMPLOYMENT INFOR	MATION					
Employer's Name:				Phone	#:		
Number of Faciliti	es (or Plants) that you curren	tly operate:		I am employ	red by the F	acility owner	
I am currently not	operating any Facility		I pr	ovide contractua	l services to	o the Facility	
Please provide the	following information about	each Facility/Plant that you operat	e. Use addtio	nal pages as nee	eded.		
Facility / Plant Nat	ne		Class P	DWIS (Water)	NPDES (V	Wastewater)	



## **III. CONTINUING EDUCATION:**

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## **IV, REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page on	e of a two page form. Bot	h pages must be completed and returned.	Operator Certifcation Number	: <b>9021</b>	
BUCIOR, III	Please enter you're current address on the lines belo		Certification(s) shown below will expire on:		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications:	@100	
			Failure to complete or submit ren requirements by the expiration dat result in an additional late fees described in Section V.		
I. CERTIFICATES TO RENEW:			٦	Fraining Units	
Certification <sup>-</sup>	Туре	Category		Required	
OPERATOR		WASTEWATER TREATMENT	A	16	
				-	

Certification Type	Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	А	16
SUPERINTENDENT	WASTEWATER TREATMENT	А	7
SUPERINTENDENT	WATER TREATMENT	1	7
OPERATOR	WATER TREATMENT	1	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
OPERATOR	WASTEWATER TREATMENT	5	30

## **II. CURRENT EMPLOYMENT INFORMATION**

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



## **III. CONTINUING EDUCATION:**

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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Date

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

This is page one	e of a two page form. Both pages must be completed and returned.	Oper	rator Certifcation	9040		
	Please enter you're current address on the lines below and, if necessary		Certification(s) sho below will expire			
	correct the City, state and ZIP Code. Please print legibly.		The fee to rer cert	\$50		
			Failure to complete or submit requirements by the expiration result in an additional late described in Section V			
	ATES TO RENEW:				raining Units	
Certification T	ype Category		Class	R	equired	
TEMPORARY	WASTEWATER TREATMENT		А	2	4	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name	x		Phone #:			
Number of Facilit	ties (or Plants) that you currently operate:		I am employe	d by the Fa	acility owner	
I am currently not	t operating any Facility	I prov	vide contractual	services to	the Facility	
Please provide th	e following information about each Facility/Plant that you operate. Use	e addtion	al pages as need	led.		
Facility / Plant Na	ame Clas	ass PD	WIS (Water)	NPDES (W	Vastewater)	
_						



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This is page one of a two page form. Both pages must be completed and returned. Op				Operator Certification	perator Certifcation Number: 9104		
DINSMORE	Please enter you're current address on the lines below and, if necessary,			Certification( below will e		7/1/2025	
correct the City, state and ZIP Code. Please print legit		ıly.	The fee to ren certi	new these	\$50		
				Failure to complete or submit renew requirements by the expiration date v result in an additional late fees as described in Section V.			
I. CERTIFICATES TO RENEW:					aining Units		
Certification <sup>-</sup>	Туре	Category		Class	Re	equired	
SUPERINTEN	DENT	WATER DISTRIBUTION		1	7		
II. CURRENT	<b>EMPLOYMENT IN</b>	FORMATION					
Employer's Nam	e:			Phone #:			
Number of Facil	ities (or Plants) that you c	urrently operate:		I am employed	d by the Fa	cility owner	
I am currently not operating any Facility			provide contractual services to the Facility				
Please provide t	he following information a	bout each Facility/Plant that	you operate. Use ad	dtional pages as need	ed.		
Facility / Plant Name			Class	PDWIS (Water)	NPDES (W	astewater)	



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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

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

This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Number: 9274			
	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) s below will exp			
correct the City, state and ZIP Co		ZIP Code. Please print legibly.		The fee to renew these certifications: \$100 Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.			
I. CERTIFIC	I. CERTIFICATES TO RENEW:				<b>Training Units</b>		
Certification T	уре	Category		Class	Required		
OPERATOR		WASTEWATER COLLECTION		2	16		
OPERATOR		WATER DISTRIBUTION		1	16		
SUPERINTEND	ENT	WASTEWATER COLLECTION		2	7		
II. CURRENT	EMPLOYMENT INFO	ORMATION					
Employer's Name	2:			Phone #:			
Number of Facilities (or Plants) that you currently operate:				I am employed by the Facility owner			
I am currently no	t operating any Facility	]	I p	I provide contractual services to the Facility			
Please provide th	e following information abo	out each Facility/Plant that you op	perate. Use addti	onal pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)			



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

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

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Name and Certification Number of Operator in Responsible Charge:

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Applicant's Signature

Date

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Email Address

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

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

This is page one of a two page form. Both pages must be completed and returned. Op					perator Certifcation Number: 9498		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	ecessary,	Certification below will		7/1/2025		
			The fee to re cer	new these tifications:	\$50		
				Failure to complete or submit r requirements by the expiration or result in an additional late fe described in Section V.			
I. CERTIFI	CATES TO RENEW	<u>.</u>			т	raining Units	
Certification	Туре	Category		Class	R	equired	
OPERATOR		WASTEWATER TREATMENT		5	3	0	
OPERATOR		WASTEWATER TREATMENT		А	1	6	
II. CURRENT	Г EMPLOYMENT INF	ORMATION					
Employer's Nam	ne:			Phone #	:		
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by the Facility owner			
I am currently ne	ot operating any Facility		Ιp	I provide contractual services to the Facility			
Please provide t	the following information al	pout each Facility/Plant that you oper	rate. Use addti	onal pages as need	ded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (V	Wastewater)		



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

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Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

This is page or	Operator	perator Certifcation Number: 9584				
GLENN Please enter you're current address on the correct the City, state and ZIP Code. Pleas	Please enter you're current address on the lines below and, if necessary		Certification(s) shown below will expire on:			
	Please print legibly.	1	The fee to renew these certifications: \$100 Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.			
	<u>CATES TO RENEW:</u>				-	Fraining Units
Certification	Type Category			Class	I	Required
SUPERINTEN	DENT WATER TR	EATMENT		4	7	7
TEMPORARY	WASTEWA	ATER COLLECTION		2	4	24
SUPERINTEN	DENT WATER TR	EATMENT		3	-	7
II. CURREN	F EMPLOYMENT INFORMATIC	N				
Employer's Nan	ne:			Phone	#:	
Number of Faci	lities (or Plants) that you currently operat	e:	Ι	am employ	yed by the H	Facility owner
I am currently n	ot operating any Facility		I provide	contractua	al services t	o the Facility
Please provide i	the following information about each Fac	cility/Plant that you operate. Use	addtional p	ages as neo	eded.	
Facility / Plant N	Name	Clas	ss PDWI	S (Water)	NPDES (	Wastewater)



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

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Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

This is page on	e of a two page form. Both pages must be completed and returned.	Op	Operator Certifcation Number: 9613			
SINNOTT	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	\$50		
			Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.			
I. CERTIFICATES TO RENEW:				Training Units		
Certification <sup>-</sup>	Type Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER		2	0		
II. CURRENT	<b>SEMPLOYMENT INFORMATION</b>					
Employer's Nam	e:		Phone #:			
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner		
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide t	he following information about each Facility/Plant that you operate. U	se addtio	onal pages as needed.			
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)		



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Name and Certification Number of Operator in Responsible Charge:

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This is page one o	f a two page form. Both pages must be co	Operator Certifcation Number: 9646			
	ease enter you're current address on the line	address on the lines below and, if necessary,	Certification(s) below will ex		
correct the City, state and ZIP Code. Please print legibly.	rint legibly.	The fee to rene certif	w these <b>\$50</b>		
			requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Typ	e Category		Class	Required	
OPERATOR	WASTEWATER	TREATMENT	5	30	
OPERATOR	WASTEWATER	TREATMENT	А	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilitie	s (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently not o	perating any Facility	_	I provide contractual se	ervices to the Facility	
Please provide the j	following information about each Facility/F	Plant that you operate. Use ad	dtional pages as neede	<i>d</i> .	
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)	



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This is page one	e of a two page form. Both pages must be completed and	perator Certifcation Number: 9677				
HARRIS	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	///////////////////////////////////////		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	\$50		
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.			
I. CERTIFICATES TO RENEW:				Training Units		
Certification T	ype Category		Class	Required		
OPERATOR	INDUSTRIAL WASTEWATER	R	7	16		
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Name			Phone #:			
Number of Facili	ties (or Plants) that you currently operate:		I am employed by the Facility owner			
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide th	e following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.			
Facility / Plant Name			PDWIS (Water) NPI	DES (Wastewater)		



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

### IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

## V. LATE FEES AND REINSTATEMENT

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

## VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature

Date

Last 4 digits of Social Security Number

Email Address

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

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

# \* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

This is page one	of a two page form. Both pages must be completed and returned.	Oj	Operator Certifcation Number: 9872			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	//1//0/25		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certific	w these <b>\$50</b> cations:		
			Failure to complete or submit requirements by the expiration d requirements in an additional late fee described in Section V.			
I. CERTIFICATES 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 the Facility owner			
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide th	e following information about each Facility/Plant that you operate. U	se addti	onal pages as needed	<i>.</i>		
Facility / Plant Name		lass	PDWIS (Water) NP	PDES (Wastewater)		
					_	
					_	
					_	



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

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

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