



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 your 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.**

MARVEL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0161**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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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### **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 email in lieu of mail*



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FINCK

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0190**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

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\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: 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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Operator Certification Number: **0309**

DILEGGE

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

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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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WALKER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0488**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	INDUSTRIAL WASTEWATER	6	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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



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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **0599**

WEST

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: **7/1/2026**

The fee to renew these certifications: **\$100**

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## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER COLLECTION	2	16
SUPERINTENDENT	WATER TREATMENT	2	7

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Page 10 of 10

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Digitized by srujanika@gmail.com

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Page 10 of 10

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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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HERING

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **0626**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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.
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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 \***



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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DICK

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1002**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	5	30

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

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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WEST

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10111**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	3	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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DAVIS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10129**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## 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 \_\_\_\_\_

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Operator Certification Number: **10179**

SCHNEIDER, JR

Please enter your 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: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10374**

TAYLOR

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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner \_\_\_\_\_

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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DIXON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **10762**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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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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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Operator Certification Number: **10899**

CANNON

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WASTEWATER TREATMENT	5	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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ZEPP, JR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11399**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- 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 \_\_\_\_\_

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WILES

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11412**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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FLOYD

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11424**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
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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 \***



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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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MAH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11425**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## 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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- 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.
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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 \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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JAMAR

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11426**

Certification(s) shown  
below will expire on: **7/1/2026**

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.**

## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45
TEMPORARY	WATER TREATMENT	3	45

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate:  I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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SCHULTZ

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11427**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **11428**

OVERHOLTZER

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

- 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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PUSEY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11478**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	5	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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JACKSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **11500**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

- 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**

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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **11505**

### MODES

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **11532**

# WILLIAMS

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: **7/1/2026**

The fee to renew these certifications: **\$50**

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## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Hours Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate:  I am employed by the Facility owner

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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PARRY

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12146**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7
SUPERINTENDENT	WATER TREATMENT	2	7
SUPERINTENDENT	WASTEWATER TREATMENT	1	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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## V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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HERBSTER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12240**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of  
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RUIZ

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12252**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0

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- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: 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 email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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HAMPTON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12304**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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JONES

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12336**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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NAILL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12350**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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JONES

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12445**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
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## V. LATE FEES AND REINSTATEMENT

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TYLER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12752**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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GRABIS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12832**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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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.
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## VII. APPLICANT'S STATEMENT

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

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

Applicant's Signature \_\_\_\_\_

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 email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL 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.*

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Operator Certification Number: **12853**

LONGFELLOW

Please enter your 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: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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### **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 email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **12930**

DOVE

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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## 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 email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

**This is page one of a two page form. Both pages must be completed and returned.**

TIMKO

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12939**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- 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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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **12940**

GENTRY

Please enter your 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: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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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DAVIS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12942**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_

(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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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 email in lieu of mail*



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **12944**

GREY

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: **7/1/2026**

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.**

## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER TREATMENT	3	45

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate:  I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name      Class      PDWIS (Water)      NPDES (Wastewater)

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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RIGGIN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12945**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER TREATMENT	3	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## 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

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

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Operator Certification Number: **12946**

MISTER

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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WINDSOR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12947**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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YATES

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12948**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	4	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WATER TREATMENT	1	24

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Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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 email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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MCNEILL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12949**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	4	24
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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BARRETT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12950**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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VICK

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12951**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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### **IV. REQUIREMENTS FOR OPERATORS IN TRAINING**

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

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Applicant's Signature \_\_\_\_\_

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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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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LEE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12952**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	6	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

- 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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LONG

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12953**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **12954**

CAREY

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: **7/1/2026**

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.**

## I. CERTIFICATES TO RENEW:

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate:  I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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## VII. APPLICANT'S STATEMENT

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



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ROBINSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12955**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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 \_\_\_\_\_

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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **12956**

CUSICK

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 7/1/2026

7/1/2026

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.**

## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Hours Required
TEMPORARY	WASTEWATER TREATMENT	3	45
TEMPORARY	WATER TREATMENT	3	45

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner \_\_\_\_\_

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Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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 \_\_\_\_\_

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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MCFARLANE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12957**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45
TEMPORARY	WASTEWATER TREATMENT	3	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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 \_\_\_\_\_

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PAGE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12958**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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BURKETT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12966**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## 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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## 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

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



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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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TAYLOR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12967**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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SIMON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12968**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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 \_\_\_\_\_

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

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PAUL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12970**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **12971**

## WHITE

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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate:  I am employed by the Facility owner

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---

---

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **12972**

## TRAVERS

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 7/1/2026

7/1/2026

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.**

## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Hours Required
TEMPORARY	WASTEWATER TREATMENT	3	45
TEMPORARY	WATER TREATMENT	3	45

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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 email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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MILLER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **12973**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45
TEMPORARY	WASTEWATER TREATMENT	3	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

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

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **13119**

MCLAUGHLIN

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
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\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## 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 \_\_\_\_\_

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ZACZKIEWICZ

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1321**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- 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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SMITH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1362**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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 \_\_\_\_\_

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Operator Certification Number: **1442**

BLANKENSHIP

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$100**

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### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

**This is page one of a two page form. Both pages must be completed and returned.**

FARRIS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1507**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## 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.
- 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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## 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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Operator Certification Number: **1799**

DAWSON

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

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Applicant's Signature \_\_\_\_\_

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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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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MCFADDEN

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **1899**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

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

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- 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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CLARK

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2133**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- 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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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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LEMUS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2192**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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GIBSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2231**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

Applicant's Signature \_\_\_\_\_

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 email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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EVANS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2344**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## 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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BRIDGES

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2571**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2629**

BEDSWORTH

Please enter your 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: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	3	45

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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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BAIR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2739**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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 \_\_\_\_\_

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MEEKINS, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **2986**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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
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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 \***



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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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PITTS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3226**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category
SUPERINTENDENT	WATER TREATMENT

Class	Training Units Required
4	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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

## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- 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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WORTH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3401**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	5	30

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

### **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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- 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 \_\_\_\_\_

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TRAVERS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3514**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER TREATMENT	2	24

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MCCLANATHAN, JR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3517**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WATER TREATMENT	2	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

- 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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BALL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3601**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$100**

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### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	WATER TREATMENT	3	7
SUPERINTENDENT	WATER TREATMENT	2	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Facility / Plant Name

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(OVER)

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3635**

### COX III

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Certification(s) shown  
below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate:  I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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

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

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



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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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WRIGHT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3672**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	2	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WATER TREATMENT	2	7
SUPERINTENDENT	INDUSTRIAL WASTEWATER	6	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	INDUSTRIAL WASTEWATER	5	30
OPERATOR	INDUSTRIAL WASTEWATER	2	0
OPERATOR	WASTEWATER TREATMENT	5	30

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:

Phone #:

Number of Facilities (or Plants) that you currently operate:   

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

   (Initial Here)

I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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ELLIOTT

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **3738**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	7	16
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	3	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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



**APPLICATION FOR CERTIFICATION RENEWAL**  
**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.*

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Operator Certification Number: **3944**

## GAMBRILL

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: **7/1/2026**

The fee to renew these certifications: **\$50**

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## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
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

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Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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SIGWART

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4350**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
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SMITH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4564**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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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- 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 email in lieu of mail*



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

**This is page one of a two page form. Both pages must be completed and returned.**

ROSS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4641**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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- 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

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DELP

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **4960**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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## 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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**APPLICATION FOR CERTIFICATION RENEWAL**  
**MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **5112**

## HOFFMASTER

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: **7/1/2026**

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.**

## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WATER TREATMENT	4	7
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WASTEWATER TREATMENT	5	30

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate:        I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

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Digitized by srujanika@gmail.com

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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BLOOM

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **5365**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WATER TREATMENT	4	30

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:

Phone #:

Number of Facilities (or Plants) that you currently operate:   

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

   (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

### **V. LATE FEES AND REINSTATEMENT**

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Applicant's Signature \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **5378**

HARLEY

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 7/1/2026

7/1/2026

The fee to renew these certifications: **\$100**

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## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Hours Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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

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.
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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 \***



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



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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ANUSZKIEWICZ

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **5379**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	4	30

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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VALENTINE

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **5894**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16
SUPERINTENDENT	WASTEWATER COLLECTION	2	7
SUPERINTENDENT	WATER DISTRIBUTION	1	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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EDES

Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **6244**

Certification(s) shown  
below will expire on: **7/1/2026**

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.**

## **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30

## II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate:  I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class \_\_\_\_\_ PDWIS (Water) \_\_\_\_\_ NPDES (Wastewater) \_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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ANDERSON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **6546**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	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

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(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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Applicant's Signature \_\_\_\_\_

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BARKDOLL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **6610**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$100**

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### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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 your 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.**

LYONS

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **6701**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	4	7
SUPERINTENDENT	WATER TREATMENT	4	7
SUPERINTENDENT	INDUSTRIAL WASTEWATER	6	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	4	30
OPERATOR	INDUSTRIAL WASTEWATER	6	16
OPERATOR	WASTEWATER TREATMENT	A	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name:

Phone #:

Number of Facilities (or Plants) that you currently operate:   

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name

Class PDWIS (Water) NPDES (Wastewater)

(OVER)

   (Initial Here)

I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## 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

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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
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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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MONOPOLI

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7226**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	2	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

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

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

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

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Applicant's Signature \_\_\_\_\_

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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ROBERTS, JR.

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7340**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
OPERATOR	WASTEWATER TREATMENT	A	16
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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature \_\_\_\_\_

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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TAYLOR

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7788**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## III. CONTINUING EDUCATION:

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

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## IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

## V. LATE FEES AND REINSTATEMENT

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

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- 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 \_\_\_\_\_

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## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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HARMON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **7862**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
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

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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PATCHELL

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8030**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OVER)

\_\_\_\_ (Initial Here) I hereby affirm I have completed the mandatory Cybersecurity training and have included the certificate of completion with this renewal.



## APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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

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

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Name and Certification Number of  
Operator in Responsible Charge: \_\_\_\_\_

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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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WALTON

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8055**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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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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KAISER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **8519**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category
SUPERINTENDENT	WATER TREATMENT

Class	Training Units Required
4	7

### **II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name \_\_\_\_\_ Class PDWIS (Water) NPDES (Wastewater)

(OVER)

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

## 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 \_\_\_\_\_

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CARBAUGH

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9138**

Certification(s) shown below will expire on: **7/1/2026**

The fee to renew these certifications: **\$50**

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

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
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

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# APPLICATION FOR CERTIFICATION RENEWAL MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Page 2

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Name and Certification Number of  
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PARKER

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

Operator Certification Number: **9605**

Certification(s) shown below will expire on: **7/1/2026**

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.**

### **I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER DISTRIBUTION	1	7
SUPERINTENDENT	WASTEWATER COLLECTION	2	7

### **II. CURRENT EMPLOYMENT INFORMATION**

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