

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

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 0029			
	lease enter you're current address on the lines below and, if necessary,			on(s) shown ill expire on:	8/1/2025	
	correct the City, state and ZIP Code. Ple	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requiremen result in	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:				aining Units	
Certification	Type Category		Class		quired	
OPERATOR	WATER TRE	ATMENT	4	30		
II. CURREN	Γ EMPLOYMENT INFORMATION	N				
Employer's Nan	ne:		Phone	;#:		
Number of Faci	lities (or Plants) that you currently operate	:	I am emplo	yed by the Fac	cility owner	
I am currently not operating any Facility			I provide contractu	al services to	the Facility	
Please provide	the following information about each Faci	lity/Plant that you operate. Use a	addtional pages as ne	eded.		
Facility / Plant Name		Clas	s PDWIS (Water)	NPDES (W	astewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	ımber: 0044	
	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:		- described	Training Units	
Certification ⁻			Class	Required	
OPERATOR	WATER TREATMENT		3	30	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	Ιp	provide contractual serv	vices to the Facility	
Please provide t	he following information about each Facility/Plant that you o	pperate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s below will ex	×/1//11/5
	correct the City, state and Z	City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications: \$50
				Failure to complete or submit re requirements by the expiration d result in an additional late feed described in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁷	Туре	Category		Class	Required
OPERATOR	,	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curre	ently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility]	Ιp	provide contractual s	ervices to the Facility
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Name and Certification Number of
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	Please enter you're current address on the lines below and, if necessary,		Certification below wil	n(s) shown l expire on:	8/1/2025
	correct the City, state and ZIP Code. Please I	orint legibly.	The fee to r	enew these rtifications:	\$50
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:		ues.		raining Units
Certification	Type Category		Class		equired
OPERATOR	WATER TREATM	MENT	1	16	6
II. CURREN	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone	#:	
Number of Faci	lities (or Plants) that you currently operate:		I am employ	ed by the Fa	acility owner
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III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge:

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	•	u're current address on the lines below and, if necessar		Certification(s) s below will exp		
	correct the City, state and ZIP Cod	d ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype Categ	ory		Class	Required	
OPERATOR	WASTI	EWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMA	TION				
Employer's Name	:			Phone #:		
Number of Facility	ties (or Plants) that you currently op	perate:		I am employed by	the Facility owner	
I am currently not	t operating any Facility		I pı	rovide contractual serv	vices to the Facility	
Please provide th	e following information about each	Facility/Plant that you operate	. Use addtio	onal pages as needed.		
Facility / Plant Na	ame		Class I	PDWIS (Water) NPI	DES (Wastewater)	
					_	



III. CONTINUING EDUCATION:

Page 2

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Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUT	ION	1	16
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		(OVER)		



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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page on	e of a two page form. Botl	pages must be completed and return	rned. O	perator Certifcation	Number: 0640
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	essary,	Certification(s below will ex	×/1//11/5
	correct the City, state and			The fee to rene certif	ew these fications: \$50
				requirements by result in an	plete or submit renewally the expiration date with additional late fees as bed in Section V.
I. CERTIFIC	CATES TO RENEW:	_			Training Units
Certification 7	Гуре	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility		Ιp	provide contractual s	ervices to the Facility
Please provide ti	he following information ab	out each Facility/Plant that you operc	ate. Use addti	onal pages as neede	rd.
Facility / Plant Name		Class	PDWIS (Water) N	IPDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			ned.	Operator Certification Number: 069		
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) s below will exp		
	correct the City, state and ZI			The fee to renew certification	\$5A	
				Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type C	ategory		Class	Required	
OPERATOR	V	ASTEWATER COLLECTION		2	16	
II. CURREN	T EMPLOYMENT INFOR	RMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curren	atly operate:		I am employed by	y the Facility owner	
I am currently n	ot operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	the following information abou	t each Facility/Plant that you opera	te. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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		re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) s below will exp		
	correct the City, state and			The fee to renew these certifications: \$50		
			— requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as ed in Section V.		
I. CERTIFICATES TO RENEW:					Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION	N	2	16	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you co	urrently operate:		I am employed b	y the Facility owner	
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Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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•	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	essary,	Certification(s) shelow will expire	
	correct the City, state and Z			The fee to renew the certificat	\$50
				 requirements by th result in an add 	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type (Category		Class	Required
OPERATOR	V	VASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	lities (or Plants) that you curre	ntly operate:		I am employed by	the Facility owner
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Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)	
		(OVER)			



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Page 2

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•	Please enter you're current address on the lines below and, if n	necessary,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	950
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
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	(OVER)			



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Page 2

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•	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will exp	
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			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		А	16
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Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page of	ne of a two page form. Both pages must be completed an	d returned. Opera	ator Certification Number	ber: 0762
3	Please enter you're current address on the lines below and	•	Certification(s) show below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	4 5 1 1
			Failure to complete requirements by the	expiration date will
			result in an additional late described in Section	
I. CERTIFI	CATES TO RENEW:		ueseriseu i	Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
OPERATOR	WATER TREATMENT		5RO	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by th	e Facility owner
I am currently not operating any Facility		I prov	ide contractual service	es to the Facility
Please provide	the following information about each Facility/Plant that yo	u operate. Use addtiona	l pages as needed.	_
Facility / Plant	Name	Class PD'	WIS (Water) NPDE	S (Wastewater)
	(OVER))		



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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.
- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Open			erator Certification N	umber: 0777	
		ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	×/1//11/5
	correct the City, state and			The fee to renew certific	\$100
					ete or submit renewal
				result in an ac	the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Туре	Category		Class	Required
SUPERINTEN	IDENT	WASTEWATER COLLECTION		2	7
OPERATOR		WATER TREATMENT		2	16
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	errently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility		I pı	rovide contractual ser	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant	Name		Class F	PDWIS (Water) NP	DES (Wastewater)
					_
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			red. O	• Operator Certification Number: 0800		
•	Please enter you're current address on the lines below and, if necessary,	ssary,	Certification(s) s below will exp			
	correct the City, state and ZIP Co	City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
				Failure to complete or submit rener requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification ⁷	Type Categ	ory		Class	Required	
OPERATOR	WAST	EWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMA	ATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently o	perate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		ΙĮ	provide contractual ser	vices to the Facility		
Please provide t	he following information about eac	h Facility/Plant that you operat	e. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			rned.	Operator Certification Number: 0806		
•	-	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) s below will exp		
	correct the City, state and 2			The fee to renew these certifications: \$50		
				Failure to complete or submit renewa requirements by the expiration date we result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Naı	me:			Phone #:		
Number of Fac	ilities (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
Please provide	the following information abo	– out each Facility/Plant that you operc	ate. Use addi	tional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

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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		sary,	Certification(s) s below will exp		
			The fee to renew certific	\$100	
			Failure to complete or submit re requirements by the expiration d result in an additional late fee described in Section V.		
I. CERTIFICATES TO F	RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
SUPERINTENDENT	WATER DISTRIBUTION		1	7	
II. CURRENT EMPLOYMI	ENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) the	nat you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any I	Facility	I pro	ovide contractual ser	vices to the Facility	
Please provide the following info	rmation about each Facility/Plant that you operate.	. Use addtio	nal pages as needed.	_	
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Op			Operator Certification	n Number:	0846	
•	Please enter you're current address on the lines		Certification below will	n(s) shown l expire on:	8/1/2025	
	correct the City, state and ZIP Code. Please pri	nt legibly.	The fee to recent	enew these rtifications:	\$50	
			Failure to complete or submit renewal requirements by the expiration date will			
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I. CERTIFIC	CATES TO RENEW:		uese		aining Units	
Certification	Type Category		Class		quired	
OPERATOR	WATER TREATME	ENT	3	30		
II. CURRENT	Γ 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 (W	astewater)	



III. CONTINUING EDUCATION:

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

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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	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			ned. O	Operator Certification Number: 0927		
•	•	lease enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		
	correct the City, state and Zl	ct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				 requirements by result in an a 	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification	Туре С	Category		Class	Required	
OPERATOR	V	VASTEWATER COLLECTION		2	16	
II. CURREN	ΓEMPLOYMENT INFO	RMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you curre	ntly operate:		I am employed b	by the Facility owner	
I am currently no	ot operating any Facility		Ιŗ	provide contractual ser	rvices to the Facility	
Please provide t	the following information abou	ıt each Facility/Plant that you opera	ite. Use addti	ional pages as needed	<u> </u>	
Facility / Plant Name		Class	PDWIS (Water) NP	PDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			turned. (Operator Certification Number: 0951		
•	•	er you're current address on the lines below and, if necessary		Certification(s) s below will exp		
	d ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFIC	CATES TO RENEV	<u>V:</u>			Training Units	
Certification	Туре	Category		Class	Required	
SUPERINTEN	DENT	WASTEWATER COLLECTION		2	7	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner	
I am currently n	not operating any Facility	\Box	I	provide contractual ser	vices to the Facility	
Please provide	the following information	about each Facility/Plant that you ope	erate. Use add	tional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nu	umber: 10003	
		ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew these certifications: \$50	
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 1	Гуре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name	e:			Phone #:	
Number of Facili	ties (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner
I am currently no	t operating any Facility		I	provide contractual serv	vices to the Facility
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Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)
					_



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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VASQUEZ		ase enter you're current address on the lines below and, if necessary, eect the City, state and ZIP Code. Please print legibly.		Certification(s) shelow will expire		
	correct the City, state and			The fee to renew certifica	\$50	
				 requirements by the result in an add 	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Naı	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility			
Please provide	the following information ab	— out each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	_	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)	
-						
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
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This is page one of a two page form. Both pages must be completed and returned			eturned. O	Operator Certification Number: 10051			
JOACHIM Please enter you're current address correct the City, state and ZIP Cod		enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp			
	Code. Please print legibly.		The fee to renew these certifications: \$50				
				requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units		
Certification	Type Cat	egory		Class	Required		
OPERATOR	WA	TER TREATMENT		2	16		
II. CURREN	Γ EMPLOYMENT INFORM	IATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you currently	operate:		I am employed by	y the Facility owner		
I am currently n	ot operating any Facility		ΙI	provide contractual serv	vices to the Facility		
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III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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	•	lease enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(s) below will exp	
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				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as sed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>'.</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		7	16
II. CURRENT	ΓEMPLOYMENT INI	FORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	arrently operate:		I am employed b	by the Facility owner
I am currently no	ot operating any Facility		I	provide contractual ser	rvices to the Facility
Please provide t	the following information a	— bout each Facility/Plant that you o _l	perate. Use addi	tional pages as needed	<i>l</i> .
Facility / Plant Name			Class	PDWIS (Water) NP	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and 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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- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation Nu	ımber: 10255	
	you're current address on the lines below and, if nece	essary,	Certification(s) shown below will expire on: 8/1/20		
correct the City, state and ZIP Code. Please print legibl			The fee to renew these certifications: \$50		
			- requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES TO	D RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants	s) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating an	ny Facility	I pı	rovide contractual serv	vices to the Facility	
Please provide the following in	nformation about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.		
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			d returned. (Operator Certification Number: 10324		
WEEMS Please enter you're current address of correct the City, state and ZIP Code	•	a're current address on the lines below and, if necessary		Certification below will	n(s) shown l expire on:	8/1/2025
	d ZIP Code. Please print legibly.	ode. Please print legibly.	The fee to receive	enew these tifications:	\$100	
				requirements result in a	by the exp	submit renewal piration date will al late fees as action V.
	CATES TO RENEV					raining Units
Certification [*]	Type	Category		Class	R	equired
OPERATOR		WATER TREATMENT		5AS	1	6
SUPERINTENI	DENT	WATER DISTRIBUTION		1	7	
SUPERINTENI	DENT	WATER TREATMENT		5AS	7	
II. CURRENT	ΓEMPLOYMENT IN	FORMATION				
Employer's Nam	ne:			Phone #	#:	
Number of Facil	lities (or Plants) that you o	urrently operate:		I am employ	ed by the Fa	acility owner
I am currently no	ot operating any Facility		I	provide contractua	l services to	the Facility
Please provide t	the following information	about each Facility/Plant that you	u operate. Use add	tional pages as nee	ded.	
Facility / Plant N	Name		Class	PDWIS (Water)	NPDES (V	Vastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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.
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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			erator Certifcation N	umber: 10361
	nter you're current address on the lines below and, if necess	sary,	Certification(s) s below will exp	
correct th	he City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURRENT EMPLO	OYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Pl	lants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating	ng any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the following	ng information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_
Facility / Plant Name		Class P	DWIS (Water) NP	DES (Wastewater)
				_



III. CONTINUING EDUCATION:

Page 2

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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 10376			
•	•	lease enter you're current address on the lines below and, if necessary, orrect the City, state and ZIP Code. Please print legibly.		Certification(below will		8/1/2025
	correct the City, state and ZIP Code. Pl			The fee to rer	new these ifications:	\$50
				requirements result in ar	by the exp	submit renewal piration date will al late fees as action V.
I. CERTIFIC	CATES TO RENEW:					raining Units
Certification 7	Type Category			Class		equired
OPERATOR	WATER TR	EATMENT		4	3	0
II. CURRENT	EMPLOYMENT INFORMATIO	N				
Employer's Name	e: _			Phone #:	: <u> </u>	
Number of Facili	ties (or Plants) that you currently operate	e:		I am employe	d by the Fa	acility owner
I am currently no	t operating any Facility		I pro	vide contractual	services to	the Facility
Please provide th	ne following information about each Fac	ility/Plant that you operate. Use	e addtion	al pages as need	led.	
Facility / Plant Name		Cla	ass PD	OWIS (Water)	NPDES (V	Vastewater)



III. CONTINUING EDUCATION:

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

This is page one of a two page form. Both pages must be completed and returned.			turned. O	Operator Certification Number: 1041			
-	Please enter you're current add	enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) selow will exp			
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	450			
				 requirements by result in an ac 	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.		
I. CERTIFIC	ATES TO RENEW:				Training Units		
Certification T	ype Cat	egory		Class	Required		
OPERATOR	WA	TER TREATMENT		1	16		
II. CURRENT	EMPLOYMENT INFORM	MATION					
Employer's Name	:			Phone #:			
Number of Facilit	ies (or Plants) that you currentl	y operate:		I am employed b	y the Facility owner		
I am currently not	operating any Facility		Ιŗ	provide contractual ser	vices to the Facility		
Please provide the	following information about e	each Facility/Plant that you ope	erate. Use addti	ional pages as needed.			
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
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Make checks payable to:	Maryland Board of Waterworks an	d 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			ned. O	Operator Certification Number: 1043		
•	•	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) below will ex		3/1/2025
	correct the City, state and ZI			The fee to rene certifi	50	
				Failure to com requirements by result in an a	y the expir	ation date will late fees as
I. CERTIFIC	CATES TO RENEW:				Tra	ining Units
Certification ⁻	Гуре С	ategory		Class		quired
TEMPORARY	V	/ASTEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFO	RMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you curren	ntly operate:		I am employed	by the Faci	ility owner
I am currently no	ot operating any Facility		ΙĮ	provide contractual se	ervices to tl	he Facility
Please provide to	he following information abou	t each Facility/Plant that you operc	ite. Use addti	ional pages as needed	d.	
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wa	stewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			on Number: 10450
-	Please enter you're current address on the lines below and, if nece	Certification below wil	n(s) shown l expire on: 8/1/2025
	correct the City, state and ZIP Code. Please print legibly.	The fee to r	enew these rtifications: \$50
		requirement: result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
I. CERTIFIC	ATES TO RENEW:		Training Units
Certification T	ype Category	Class	Required
OPERATOR	WATER DISTRIBUTION	1	16
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	:	Phone	#:
Number of Facilit	ties (or Plants) that you currently operate:	I am employ	yed by the Facility owner
I am currently not	t operating any Facility	I provide contractua	al services to the Facility
Please provide th	e following information about each Facility/Plant that you operat	e. Use addtional pages as nee	eded.
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			rator Certifcation N	umber: 10453
GETZANDANNER Please enter you're current address on the lines b correct the City, state and ZIP Code. Please print	enter you're current address on the lines below and, if necessary	ν,	Certification(s) s below will exp	
	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or I	Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not operati	ing any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide the follow	ving information about each Facility/Plant that you operate. Us	se addtion	nal pages as needed.	
Facility / Plant Name		lass PI	OWIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nur	mber: 10471
ZAVALA GUARDADO Please enter you're current address on the lines below a correct the City, state and ZIP Code. Please print legible		essary,	Certification(s) shown below will expire on: 8/1/202	
			The fee to renew t	620
			requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFICATES TO	RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EMPLOYM	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plants)	that you currently operate:		I am employed by	the Facility owner
I am currently not operating any	y Facility	Ιp	provide contractual servi	ices to the Facility
Please provide the following in	formation about each Facility/Plant that you opera	ite. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	n Number: 10590	
	Please enter you're current address on the lines below and, if necessary		Certification below will		
	correct the City, state and ZIP Code. Please pri	nt legibly.	The fee to re	new these tifications: \$50	
			Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIBU	JTION	1	16	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:		Phone #	t:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employe	ed 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/Pla	ant that you operate. Use ad	ldtional pages as need	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)	
				_	
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		ecessary,	Certification(s) below will ex	×/1//11/5
corre				The fee to rene certifi	ew these ications: \$100
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
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Certification Type	oe .	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURRENT E	MPLOYMENT INFO	ORMATION			
Employer's Name:				Phone #:	
Number of Facilitie	s (or Plants) that you curr	ently operate:		I am employed	by the Facility owner
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III. CONTINUING EDUCATION:

Page 2

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This is page on	ne of a two page form. Both pages must be completed a	and returned. Oper	ator Certification N	umber: 10617	
ANDERSON	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	•	Certification(s) below will exp		
		y.	The fee to renew certific	v these cations: \$50	
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I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification `	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	FEMPLOYMENT INFORMATION				
Employer's Nam	ne:		Phone #:		
Number of Facil	lities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I prov	I provide contractual services to the Facility		
Please provide t	the following information about each Facility/Plant that y	ou operate. Use addtion	al pages as needed.		
Facility / Plant N	Name	Class PD	WIS (Water) NP	DES (Wastewater)	
	(OVEI	R)			



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			urned. C	perator Certification N	Number: 10711	11	
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex		5	
	correct the City, state and			The fee to renew these certifications: \$50			
				requirements by result in an a	olete or submit rene the expiration date dditional late fees a ed in Section V.	e will	
I. CERTIFI	CATES TO RENEW	<u>.</u>				Training Units	
Certification	Туре	Category		Class	Required		
OPERATOR		INDUSTRIAL WASTEWATER		2	0		
II. CURREN	T EMPLOYMENT INF	ORMATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you cur	rrently operate:		I am employed b	by the Facility owner		
I am currently n	ot operating any Facility		I	provide contractual se	rvices to the Facility		
Please provide	the following information al	oout each Facility/Plant that you ope	rate. Use addt	ional pages as needed	<i>!</i> .		
Facility / Plant Name		Class	PDWIS (Water) NF	PDES (Wastewater)			



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Open			erator Certification N	Number: 10996	
MCFARLAND Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.				Certification(s) below will ex	
			The fee to rene certifi	w these ications: \$100	
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁻	Гуре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
TEMPORARY		WATER TREATMENT		3	45
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility	_	I pro	ovide contractual se	ervices to the Facility
Please provide t	he following information ab	out each Facility/Plant that you operate.	Use addtion	ıal pages as needed	<i>d</i> .
Facility / Plant N	Jame		Class PI	OWIS (Water) NI	PDES (Wastewater)
		(OVER)			
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.				erator Certifcation Nu	mber: 10998
-	Please enter you're current address on the lines below and, if necessary		ary,	Certification(s) sh below will expir	
	correct the City, state and ZIP Code	he City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	£100
				requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Catego	ory		Class	Required
OPERATOR	WASTE	WATER TREATMENT		Α	16
OPERATOR	WATEF	RTREATMENT		1	16
OPERATOR	WASTE	WATER TREATMENT		5	30
II. CURREN	Γ EMPLOYMENT INFORMA	ΓΙΟΝ			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently op	erate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	<u>—</u>	I pro	ovide contractual serv	ices to the Facility
Please provide	the following information about each	Facility/Plant that you operate.	Use addtion	ıal pages as needed.	
Facility / Plant	Name		Class Pl	DWIS (Water) NPD	ES (Wastewater)
		(OVER)			



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Page 2

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	Please enter you're current address on the lines below and, if necessar		necessary,	Certification(s) sl below will expi	×/1//11/5
	correct the City, state and	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	450
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u> <u>-</u>			Training Units
Certification ¹	Type	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		А	24
TEMPORARY		WASTEWATER TREATMENT		5	45
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I ₁	provide contractual serv	ices to the Facility
Please provide t	he following information a	bout each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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•	•	ter you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp	×/1//11/5
	correct the City, state an			The fee to renew certification	\$100
				requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY	,	WASTEWATER COLLECTION	J	2	24
TEMPORARY	,	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you c	urrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility			Į I	provide contractual serv	vices to the Facility
Please provide	the following information	about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



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Page 2

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•	Please enter you're current address on the lin		Certificatio below wil	n(s) shown l expire on:	8/1/2025
	correct the City, state and ZIP Code. Please	print legibly.		The fee to renew these certifications: \$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:				aining Units
Certification ⁻	Гуре Category		Class		equired
TEMPORARY	WASTEWATER	TREATMENT	5	45	5
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Nam	e:		Phone	#:	
Number of Facil	ities (or Plants) that you currently operate:		I am employ	ved by the Fa	cility owner
I am currently not operating any Facility		_	I provide contractua	al services to	the Facility
Please provide t	he following information about each Facility/	Plant that you operate. Use ac	ldtional pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned. Op			erator Certifcation Nu	mber: 11012
	Please enter you're current address on the lines below a		Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibl	y.	The fee to renew certification	\$100
				ete or submit renewal
			result in an ad	he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	1 Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	Y WASTEWATER TREATME	ENT	5	45
TEMPORARY	WASTEWATER TREATME	ENT	Α	24
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	I pro	ovide contractual serv	rices to the Facility
Please provide	e the following information about each Facility/Plant that y	vou operate. Use addtior	nal pages as needed.	
Facility / Plant	t Name	Class Pl	OWIS (Water) NPI	DES (Wastewater)
				_
	(OVE	D)		_
	(OVE)	K)		



III. CONTINUING EDUCATION:

Page 2

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

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

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Nu	mber: 11018	
		e enter you're current address on the lines below and, if necessary,		Certification(s) shelow will expire	
	correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to renew certifica	620
				— requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification `	Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I	provide contractual serv	ices to the Facility
Please provide t	he following information ab	— out each Facility/Plant that you op	erate. Use addi	tional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and return			urned. O	d. Operator Certification Number: 11020		
•	•	enter you're current address on the lines below and, if necessar		Certification(s) s below will exp		
	correct the City, state and Z	he City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5A	69	
II. CURREN	Γ EMPLOYMENT INFO	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that you curr	rently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιŗ	provide contractual serv	vices to the Facility		
Please provide i	the following information ab	— out each Facility/Plant that you ope	rate. Use addti	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and return			ed. Operator Certification Number: 11023		
	Please enter you're current address on the lines below and, if neo	cessary,	Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICA	ATES TO RENEW:			Training Units	
Certification Ty	ype Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
II. CURRENT I	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 oper	ate. Use addtio	onal pages as needed.	_	
Facility / Plant Na	me	Class F	PDWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

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- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			t urned. C	Operator Certification Number: 11025		
•	•	nter you're current address on the lines below and, if necessary,		Certification(s) s below will expi		
	correct the City, state and ZIP	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	ICATES TO RENEW:			described	Training Units	
Certification	Type Ca	tegory		Class	Required	
OPERATOR	WA	ATER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFOR	MATION				
Employer's Na	me:			Phone #:		
Number of Fac	ilities (or Plants) that you current	y operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ij	provide contractual serv	vices to the Facility		
Please provide	the following information about	each Facility/Plant that you ope	erate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Nu	mber: 11033	
		enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
correct the City, state and ZIP Code. Please print legi		d ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	<u>CATES TO RENEW</u>	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	_	I	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you o	perate. Use add	tional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page	d. Operator Certification 1	Number: 11168			
	ou're current address on the lines below and, if necess	Certification(s) below will ex			
correct the Cit	ty, state and ZIP Code. Please print legibly.	The fee to rene certifi	w these ications: \$100		
		requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.		
I. CERTIFICATES TO	RENEW:		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WATER TREATMENT	1	24		
TEMPORARY	WASTEWATER TREATMENT	3	45		
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants)	that you currently operate:	I am employed	by the Facility owner		
I am currently not operating any Facility		I provide contractual se	I provide contractual services to the Facility		
Please provide the following inf	formation about each Facility/Plant that you operate.	Use addtional pages as neede	<i>d</i> .		
Facility / Plant Name		Class PDWIS (Water) N	PDES (Wastewater)		
			_		



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			erator Certifcation Nu	mber: 11641
	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) si below will expi	
correct the City, state and ZIP Code. Please print legibl	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	150
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	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 pro	ovide contractual serv	rices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	ite. Use addtioi	nal pages as needed.	
Facility / Plant Na	ame	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page or	ne of a two page form. Bo	th pages must be completed and i	eturned. O	perator Certifcation Nu	mber: 1181
	•	e enter you're current address on the lines below and, if necessar		Certification(s) sl below will expi	×/1//11/5
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>'.</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WATER TREATMENT		4	30
OPERATOR		WASTEWATER TREATMENT		5	30
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nan	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility		Į I	provide contractual serv	rices to the Facility
Please provide	the following information a	bout each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
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III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			irned. C	perator Certifcation N	umber: 12038
•	•	ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp	
	correct the City, state and Z			The fee to renew certific	\$5A
				requirements by result in an acceptance.	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Туре	Category		Class	Required
OPERATOR	I	NDUSTRIAL WASTEWATER		2	0
II. CURREN	ΓEMPLOYMENT INFO	RMATION			
Employer's Nan	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner	
I am currently not operating any Facility		Ij	provide contractual ser	vices to the Facility	
Please provide i	he following information abo	ut each Facility/Plant that you oper	rate. Use addt	ional pages as needed	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open			erator Certifcation Nur	mber: 12062
BRITTO	Please enter you're current address on the lines below and, if necessary	necessary,	Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificat	450
			Failure to complete or submit renewarequirements by the expiration date we result in an additional late fees as described in Section V.	
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
TEMPORARY	Y WASTEWATER TREATMENT		5	45
TEMPORARY	Y WASTEWATER TREATMENT		А	24
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	I pr	ovide contractual servi	ces to the Facility
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Facility / Plant	t Name	Class P	DWIS (Water) NPD	ES (Wastewater)
	(OVER)			



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Page 2

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* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *		
I consent to receive my certificate(s)	by emial in lieu of mail			



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

This is page one of a two page form. Both pages must be completed and returned. Open			Operator Certification	perator Certification Number: 1		
•	Please enter you're current address on the lines below and, if necessary,	Certification below wil	n(s) shown l expire on:	8/1/2025		
	correct the City, state and ZIP Code. Please pri	nt legibly.	The fee to re	enew these rtifications:	\$50	
			Failure to complete or submit renewal requirements by the expiration date wil			
			result in a	result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:		— desc		raining Units	
Certification			Class		equired	
TEMPORARY	WATER TREATME	ENT	2	24	4	
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone	#:		
Number of Faci	lities (or Plants) that you currently operate:	_	I am employ	ved by the Fa	cility owner	
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide	the following information about each Facility/Pla	ant that you operate. Use ad	dtional pages as nee	eded.		
Facility / Plant	Name	Class	PDWIS (Water)	NPDES (W	/astewater)	
-						



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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- 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	d Waste Systems Operators		
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708		
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I consent to receive my certificate(s)	by emial in lieu of mail			



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This is page one of a two page form. Both pages must be completed and returne			rned. O	Operator Certification Number: 12294		
•	•	ou're current address on the lines below and, if necessary		Certification(s) s below will exp		
	correct the City, state and ZIF	, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification	Type Ca	itegory		Class	Required	
TEMPORARY	W	ASTEWATER TREATMENT		4	24	
II. CURREN	ΓEMPLOYMENT INFOR	MATION				
Employer's Nan	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner		
I am currently not operating any Facility		Ιį	provide contractual ser	vices to the Facility		
Please provide i	he following information about	each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		
					_	



III. CONTINUING EDUCATION:

Page 2

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Name and 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) s below will expi	
correct the City, state and ZIP Code. Pleas		ZIP Code. Please print legibly.		The fee to renew certification	CIAM
				requirements by t	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	ATES TO RENEW:				Training Units
Certification Ty	ype	Category		Class	Required
SUPERINTENDE	ENT	WASTEWATER TREATMENT		А	7
SUPERINTENDE	ENT	WATER TREATMENT		1	7
SUPERINTENDE	ENT	WASTEWATER TREATMENT		5	7
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name:				Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
I am currently not	operating any Facility	<u> </u>	I pr	ovide contractual serv	vices to the Facility
Please provide the	e following information abo	_ out each Facility/Plant that you oper	rate. Use addtio	nal pages as needed.	
Facility / Plant Name			Class P	DWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

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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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page t	. Operator Certification	Number: 12337		
	a're current address on the lines below and, if necessar	Certification(below will e		
correct the City, state and ZIP Code. Please print legibly.		The fee to ren certi	ew these fications: \$100	
		requirements l result in an	nplete or submit renewal by the expiration date will additional late fees as ibed in Section V.	
I. CERTIFICATES TO F	RENEW:		Training Units	
Certification Type	Category	Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER	2	0	
SUPERINTENDENT	INDUSTRIAL WASTEWATER	2	0	
II. CURRENT EMPLOYME	ENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants) th	nat you currently operate:	I am employed	l by the Facility owner	
I am currently not operating any F	I provide contractual	provide contractual services to the Facility		
Please provide the following info	rmation about each Facility/Plant that you operate. U	Jse addtional pages as need	ed.	
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

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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This is page one of a two page form. Both pages must be completed and returned.			eturned.	Operator Certifcation Nu	ımber: 12523
		current address on the lines below and, if necessary		Certification(s) s below will exp	
	correct the City, state and	ate and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		I	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you o	perate. Use addt	tional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Ope			erator Certifcation 1	Number: 1	12524	
CASTILLO		re current address on the lines below and, if necessary,		Certification(s) below will ex		/1/2025
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certifi	ew these fications: \$	100	
				Failure to com requirements by result in an a describ	y the expira	ation date will late fees as
<u>I. CERTIFI</u>	CATES TO RENEW	<u>.</u>			Training Units	
Certification	Type	Category		Class	Req	uired
TEMPORARY		WATER TREATMENT		3	45	
TEMPORARY		WATER TREATMENT		5RO	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
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Employer's Nar	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed	by the Facil	ity owner
I am currently n	ot operating any Facility	_	I pro	ovide contractual se	ervices to th	e Facility
Please provide	the following information ab	out each Facility/Plant that you operate	. Use addtion	nal pages as neede	rd.	
Facility / Plant	Name		Class Pl	DWIS (Water) N	PDES (Was	tewater)
		(OVED)				
		(OVER)				



III. CONTINUING EDUCATION:

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

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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			rator Certification Nur	mber: 12525
-	Please enter you're current address on the lines below and, if necessary	essary,	Certification(s) she below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certificat	450
			requirements by th result in an add	te or submit renewal e expiration date will litional late fees as in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	I pro	vide contractual servi	ces to the Facility
Please provide	the following information about each Facility/Plant that you opera	te. Use addtion	al pages as needed.	
Facility / Plant	Name	Class PI	OWIS (Water) NPD	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certification N	umber: 12526
	r you're current address on the lines below and, if r	necessary,	Certification(s) s below will exp	
correct the	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFICATES T	O RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURRENT EMPLOY	MENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or Plan	ts) that you currently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I pı	rovide contractual ser	vices to the Facility
Please provide the following	information about each Facility/Plant that you open	erate. Use addtio	onal pages as needed.	
Facility / Plant Name	Class I	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			urned.	Operator Certifcation Nu	umber: 12527
	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) s below will exp	
	correct the City, state and	et the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				Failure to complete or submit renormal requirements by the expiration date result in an additional late fees described in Section V.	
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you co	urrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide	the following information a	— about each Facility/Plant that you ope	erate. Use addi	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page on	ne of a two page form. Both pages must be completed and re	turned. Op	erator Certifcation Nu	mber: 12528
•	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	£100
			requirements by the	ete or submit renewal he expiration date will
				ditional late fees as l in Section V.
I. CERTIFIC	CATES TO RENEW:		described	Training Units
Certification			Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide t	the following information about each Facility/Plant that you op	erate. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

Name and 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Bo	oth pages must be completed and	returned.	Operator Certifcation Nu	mber: 12529
•	•	you're current address on the lines below and, if necessary		Certification(s) sl below will expi	×/1//11/5
	correct the City, state an	ate and ZIP Code. Please print legibly.		The fee to renew certifica	150
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORARY	Y	WASTEWATER TREATMENT		А	24
TEMPORARY	Y	WASTEWATER TREATMENT	-	5	45
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you c	currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I	provide contractual serv	rices to the Facility
Please provide	e the following information	about each Facility/Plant that you	operate. Use addt	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Nur	mber: 12530	
		you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) sh below will expir	
	correct the City, state and			The fee to renew these certifications: \$50	
				requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFIC	<u>CATES TO RENEW:</u>				Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURRENT	ΓEMPLOYMENT INFO	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I	I provide contractual services to the Facility		
Please provide t	he following information ab	— out each Facility/Plant that you ope	erate. Use addi	tional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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- I 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			Certifcation Nu	mber: 12531	
	nter you're current address on the lines below and, if neces		Certification(s) shown below will expire on: 8/1/20		
correct the City, state and ZIP Code. Please print legib	he City, state and ZIP Code. Please print legibly.	Tl	The fee to renew these certifications: \$50		
		req	uirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
TEMPORARY	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:		I a	I am employed by the Facility owner		
I am currently not operating any Facility		I provide	contractual serv	rices to the Facility	
Please provide the following	ng information about each Facility/Plant that you operate	. Use addtional pa	ges as needed.		
Facility / Plant Name		Class PDWIS	(Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			rned. O	Operator Certification Number: 125		
•	•	enter you're current address on the lines below and, if necessary		Certification(s) s below will exp		
	correct the City, state and ZII	and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type C	ategory		Class	Required	
TEMPORARY	W	ASTEWATER TREATMENT		5	45	
II. CURREN	T EMPLOYMENT INFOR	RMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you curren	tly operate:		I am employed by	y the Facility owner	
I am currently r	not operating any Facility		Ιį	provide contractual serv	vices to the Facility	
Please provide	the following information abou	t each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		
					_	



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certificatio	n Number: 12534	
	Please enter you're current address on the lines below and, if necessary,		Certification below will		
	correct the City, state and ZIP Code. Please print	t legibly.	The fee to re	new these tifications: \$50	
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFI	CATES TO RENEW:		desci	Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WATER TREATMEN	IT	4	45	
II. CURREN	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #	:	
Number of Faci	lities (or Plants) that you currently operate:		I am employe	ed by the Facility owner	
I am currently n	ot operating any Facility		I provide contractual	services to the Facility	
Please provide	the following information about each Facility/Plan	t that you operate. Use ad	dtional pages as need	ded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewater)	
				_	



III. CONTINUING EDUCATION:

Page 2

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

Name and 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			eturned.	Operator Certification Nu	ımber: 12535
		you're current address on the lines below and, if necessar		Certification(s) s below will expi	
	correct the City, state and	tate and ZIP Code. Please print legibly.		The fee to renew certification	X 5 ()
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		I	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	12536	
•	Please enter you're current address on the lin-		Certificatio below wil	n(s) shown l expire on:	8/1/2025
	correct the City, state and ZIP Code. Please I	and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirement result in a	s by the exp	submit renewal viration date will al late fees as ction V.
I. CERTIFI	CATES TO RENEW:				raining Units
Certification	Type Category		Class		equired
TEMPORARY	WATER TREATM	MENT	1	24	4
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	ne:		Phone	#:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employ	ved by the Fa	acility owner
I am currently not operating any Facility		_	I provide contractua	al services to	the Facility
Please provide	the following information about each Facility/I	Plant that you operate. Use ad	dtional pages as nee	eded.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	Vastewater)



III. CONTINUING EDUCATION:

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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This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number: 12537		
	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s) s below will exp			
	correct the City, state and ZIP Code	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$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. CERTIFI	CATES TO RENEW:			describe	Training Units	
Certification	Type Catego	ry		Class	Required	
TEMPORARY	WATER	TREATMENT		1	24	
II. CURREN	T EMPLOYMENT INFORMAT	TION				
Employer's Naı	ne:			Phone #:		
Number of Fac	ilities (or Plants) that you currently ope	erate:		I am employed by	y the Facility owner	
I am currently i	not operating any Facility		Ιŗ	provide contractual ser	vices to the Facility	
Please provide	the following information about each	Facility/Plant that you opera	te. Use addti	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one	of a two page form. Both pages must be completed and	perator Certification Number: 12538		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	if necessary,	Certification(s) s below will exp	
corre			The fee to renew certific	\$50
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		3	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you	operate. Use addtio	nal pages as needed.	
Facility / Plant Na	ame	Class P	DWIS (Water) NP	DES (Wastewater)
				_



III. CONTINUING EDUCATION:

Page 2

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

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

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcation Nun	nber: 12539	
•	•	e enter you're current address on the lines below and, if necessary,		Certification(s) sho below will expire	
	correct the City, state and	et the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WATER TREATMENT		3	45
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by t	he Facility owner
I am currently n	not operating any Facility	_	I	provide contractual servi	ces to the Facility
Please provide	the following information a	— bout each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPDI	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returne			Operator Certification Number: 12540		
•	Please enter you're current address on the lines below and, i	f necessary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		3	45	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility	I pı	rovide contractual ser	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you o	operate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class F	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

Name and 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 12541		
•	Please enter you're current address on the lines below and, i	f necessary,	Certification(s) sl below will expir		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION	V	2	24	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently n	ot operating any Facility	I p	rovide contractual serv	ices to the Facility	
Please provide	the following information about each Facility/Plant that you o	operate. Use addti	onal pages as needed.		
Facility / Plant ?	Name	Class	PDWIS (Water) NPD	ES (Wastewater)	
	(OVER)			<u> </u>	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and return			ned. O	d. Operator Certification Number: 12		
•	•	r you're current address on the lines below and, if necessar		Certification(s below will ex		8/1/2025
	correct the City, state and ZIP (he City, state and ZIP Code. Please print legibly.		The fee to rene certif	ew these fications:	\$50
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	ATES TO RENEW:					aining Units
Certification T	ype Cat	egory		Class		quired
TEMPORARY	WA	STEWATER COLLECTION		2	24	
II. CURRENT	EMPLOYMENT INFORM	IATION				
Employer's Name	::			Phone #:		
Number of Facili	ties (or Plants) that you currently	operate:		I am employed	by the Fac	cility owner
I am currently no	t operating any Facility		Ιp	provide contractual s	ervices to	the Facility
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Facility / Plant Name		Class	PDWIS (Water) N	IPDES (W	astewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 12543		
	Please enter you're current address on the lines below		Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legib	oly.	The fee to renew certific	950	
			Failure to complete or submit renevely requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:		describe	Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information about each Facility/Plant that	you operate. Use addi	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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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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- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned			erator Certifcation Nun	nber: 12544
	ease enter you're current address on the lines below and, if nece	essary,	Certification(s) sho below will expire	
correct the City, state and ZIP Code. Please print legibly.	rrect the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	X 1 / 1 / 1 / 1
			requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICAT	<u>ΓES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EM	APLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	(or Plants) that you currently operate:		I am employed by t	the Facility owner
I am currently not op	erating any Facility	I pro	ovide contractual servi	ces to the Facility
Please provide the fo	llowing information about each Facility/Plant that you opera	te. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPDI	ES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Name and Certification Number of
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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Op				perator Certification Nu	mber: 12545
•	•	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) sh below will expin	
	correct the City, state an			The fee to renew to certificate	\$ 1700
				requirements by tl	ete or submit renewal ne expiration date will
				result in an additi described in	ditional late fees as
I. CERTIF	ICATES TO RENEV	V:		described	Training Units
Certification	n Type	Category		Class	Required
TEMPORARY	Υ	WATER TREATMENT		1	24
TEMPORARY	Υ	WASTEWATER TREATMEN	Т	5	45
TEMPORARY	Υ	WASTEWATER TREATMEN	Т	Α	24
II. CURREN	NT EMPLOYMENT IN	FORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιı	provide contractual serv	ices to the Facility
Please provide	e the following information	— about each Facility/Plant that you	operate. Use addt	ional pages as needed.	_
Facility / Plant	t Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

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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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	mber: 12546		
	-	ease enter you're current address on the lines below and, if necessary		Certification(s) shelow will expire	×/1//11/5	
	correct the City, state an	state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50	
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIF	ICATES TO RENEW	<u>/:</u>			Training Units	
Certification	n Type	Category		Class	Required	
TEMPORARY	′	WASTEWATER TREATMENT	-	5	45	
TEMPORARY	/	WASTEWATER TREATMENT	-	Α	24	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner	
I am currently	not operating any Facility		Ij	provide contractual serv	ices to the Facility	
Please provide	the following information of	 about each Facility/Plant that you	operate. Use addt	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page o	one of a two page form. Both pages must be completed and retu	rned. Ope	rator Certifcation N	umber: 12547
	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$100
				lete or submit renewal
			 requirements by the expiration da result in an additional late fees described in Section V. 	
I. CERTIFI	ICATES TO RENEW:		describe	
Certification			Class	Training Units Required
TEMPORARY	WATER TREATMENT		1	24
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Naı	me:		Phone #:	
Number of Fac	ilities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently r	not operating any Facility	I pro	ovide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you oper	ate. Use addtior	nal pages as needed.	
Facility / Plant	Name	Class PI	OWIS (Water) NP	DES (Wastewater)
	T T			
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one of a	two page form. Both pages must be completed and returned.	 Operator Certification Nu 	mber: 12548		
	se enter you're current address on the lines below and, if necessar	Certification(s) sl ry, below will expi			
correct the City	ect the City, state and ZIP Code. Please print legibly.	The fee to renew certifica	450		
		requirements by the result in an add	ete or submit renewal the expiration date will ditional late fees as I in Section V.		
I. CERTIFICATI	ES TO RENEW:		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	А	24		
TEMPORARY	WASTEWATER TREATMENT	5	45		
II. CURRENT EMI	PLOYMENT 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 serv	I provide contractual services to the Facility		
Please provide the follo	owing information about each Facility/Plant that you operate. U	Use addtional pages as needed.	_		
Facility / Plant Name Cl		Class PDWIS (Water) NPD	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			ed. Ope	erator Certifcation Nu	mber: 12549
•	Please enter you're current address on the lines below and, if necessary,		sary,	Certification(s) sh below will expir	
	correct the City, state and ZIP Cod	state and ZIP Code. Please print legibly.		The fee to renew t	\$50
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Catego	ory		Class	Required
TEMPORARY	WATER	RTREATMENT		1	24
II. CURREN	T EMPLOYMENT INFORMA	ΓΙΟΝ			
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			the Facility owner		
I am currently not operating any Facility			I pro	ovide contractual servi	ices to the Facility
Please provide	the following information about each	Facility/Plant that you operate.	Use addtion	nal pages as needed.	
Facility / Plant Name			Class P	DWIS (Water) NPD	ES (Wastewater)
-					
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned. Op			on Number: 12550		
	u're current address on the lines below and, if necessa	Certification below will	n(s) shown I expire on: 8/1/2025		
correct the City, state and ZIP Code. Please print legibly.		The fee to re	enew these rtifications: \$50		
			omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.		
I. CERTIFICATES TO I	RENEW:		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	5	45		
TEMPORARY	WASTEWATER TREATMENT	А	24		
II. CURRENT EMPLOYMI	ENT INFORMATION				
Employer's Name:		Phone 7	#:		
Number of Facilities (or Plants) that you currently operate:		I am employ	ed by the Facility owner		
I am currently not operating any Facility		I provide contractua	I provide contractual services to the Facility		
Please provide the following info	ormation about each Facility/Plant that you operate.	Use addtional pages as nee	eded.		
Facility / Plant Name Cl		Class PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two pa	age form. Both pages must be completed and returned	l. Operator Certification	Number: 12551		
	you're current address on the lines below and, if necessa	Certification(s below will e			
correct the (City, state and ZIP Code. Please print legibly.	The fee to rencerti	ew these fications: \$50		
		requirements b	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.		
I. CERTIFICATES TO	O RENEW:		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	5	45		
TEMPORARY	WASTEWATER TREATMENT	А	24		
II. CURRENT EMPLOY	MENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plant	ts) that you currently operate:	I am employed	by the Facility owner		
I am currently not operating any Facility		I provide contractual s	I provide contractual services to the Facility		
Please provide the following	information about each Facility/Plant that you operate. (Use addtional pages as neede			
Facility / Plant Name		Class PDWIS (Water) N	NPDES (Wastewater)		
			_		



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page of	one of a two page form. Bo	oth pages must be completed and	returned.	Operator Certifcation Nu	mber: 12552
-	•	re current address on the lines below and, if necessary		Certification(s) shelow will expire	×/1//11/5
	correct the City, state an	d ZIP Code. Please print legibly.		The fee to renew certifica	150
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEV	<u>/:</u>			Training Units
Certification	n Type	Category		Class	Required
TEMPORARY	′	WASTEWATER TREATMENT	-	5	45
TEMPORARY	′	WASTEWATER TREATMENT	-	Α	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I	provide contractual serv	ices to the Facility
Please provide	the following information of	about each Facility/Plant that you	operate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			. Op	erator Certification N	Number:	12553	
•	•	you're current address on the lines below and, if necessary,		Certification(s) below will ex		8/1/2025	
	correct the City, state and ZIP Code. F	e and ZIP Code. Please print legibly.		The fee to renev	w these cations:	\$50	
				Failure to comp requirements by result in an a	the expir	ation date will late fees as	
I. CERTIFI	CATES TO RENEW:			4656118		ining Units	
Certification	Type Category			Class		quired	
TEMPORARY	WATER D	ISTRIBUTION		1	24		
II. CURREN	T EMPLOYMENT INFORMATIO	ON					
Employer's Nar	ne:			Phone #:			
Number of Faci	lities (or Plants) that you currently opera	te:		I am employed l	by the Fac	ility owner	
I am currently n	not operating any Facility		I pr	ovide contractual se	rvices to t	he Facility	
Please provide	the following information about each Fa	cility/Plant that you operate. U	Jse addtio	nal pages as needed	l.		
Facility / Plant Name		(Class P	DWIS (Water) NI	PDES (Wa	astewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and return			irned.	Operator Certification N	umber: 12561
•	•	nter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) s below will exp	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certific	950
				requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW	<u>.</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently i	not operating any Facility		I	provide contractual ser	vices to the Facility
Please provide	the following information at	— bout each Facility/Plant that you oper	rate. Use addi	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a tw	o page form. Both pages must be completed and returned.	Operator Certification Nu	mber: 12567
•	enter you're current address on the lines below and, if necessary	Certification(s) sl y, below will expir	
	the City, state and ZIP Code. Please print legibly.	The fee to renew certifica	X 1 (1)(1)
		requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES	S TO RENEW:		Training Units
Certification Type	Category	Class	Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER TREATMENT	2	24
II. CURRENT EMPL	OYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or F	Plants) that you currently operate:	I am employed by	the Facility owner
I am currently not operation	ing any Facility	I provide contractual serv	ices to the Facility
Please provide the follow	ving information about each Facility/Plant that you operate. Us	se addtional pages as needed.	_
Facility / Plant Name	C	lass PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
* AN INCOMPI	LETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 12595			
-	•	e enter you're current address on the lines below and, if necessary, ct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will exp		
	correct the City, state and Z			The fee to renew certific	v these cations: \$50	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
TEMPORARY		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you curr	ently operate:		I am employed b	by the Facility owner	
I am currently r	not operating any Facility]	ΙĮ	provide contractual ser	rvices to the Facility	
Please provide	the following information abo	– out each Facility/Plant that you oper	ate. Use addti	ional pages as needed	<u></u>	
Facility / Plant	Name		Class	PDWIS (Water) NP	PDES (Wastewater)	



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one o	f a two page form. Both pages must be completed and return	red. Operator (Certification Nu	umber: 1388
	lease enter you're current address on the lines below and, if neces		ertification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly	orrect the City, state and ZIP Code. Please print legibly.	Th	ne fee to renew certification	
		requ	Failure to complete or requirements by the execution an addition described in S	
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Type	oe Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:	I a	m employed by	y the Facility owner
I am currently not operating any Facility		I provide o	ontractual ser	vices to the Facility
Please provide the j	following information about each Facility/Plant that you operate	e. Use addtional pag	ges as needed.	
Facility / Plant Nam	ne	Class PDWIS	(Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned			irned. C	Operator Certification N	Number: 1431
	•	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will ex	
	correct the City, state and			The fee to renew these certifications: \$50	
				requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFO	ORMATION			
Employer's Name	::			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed	by the Facility owner	
I am currently not operating any Facility		I	provide contractual se	rvices to the Facility	
Please provide th	e following information ab	out each Facility/Plant that you oper	rate. Use addt	ional pages as needed	<i>l</i> .
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned			erator Certifcation Nu	mber: 1436
•	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$ 100
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		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 pı	rovide contractual serv	ices to the Facility
Please provide	the following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.	
Facility / Plant	Name	Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page on	e of a two page form. Both pages must be completed and retui	r ned. Oper	ator Certification Nui	mber: 1559
	Please enter you're current address on the lines below and, if nec	eessary,	Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew t	X 17111
				te or submit renewal ne expiration date will
			result in an additional late feed described in Section V.	
I. CERTIFIC	CATES TO RENEW:		ueseribeu	Training Units
Certification 7	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Please provide th	he following information about each Facility/Plant that you opera	ate. Use addtiona	al pages as needed.	_
Facility / Plant N	Jame	Class PD	WIS (Water) NPD	ES (Wastewater)
<u> </u>	(OVER)			



III. CONTINUING EDUCATION:

Page 2

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•	Please enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	950
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	rpe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ij	provide contractual serv	vices to the Facility
Please provide the	following information about each Facility/Plant that you op	perate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			ntor Certifcation Nu	umber: 1650	
	nter you're current address on the lines below and, if necessation	ary,	Certification(s) s below will exp		
correct the City, state and ZIP Code. Ple	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
		:	requirements by tresult in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	INDUSTRIAL WASTEWATER		2	0	
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	lants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating	ng any Facility	I provi	ide contractual ser	vices to the Facility	
Please provide the followi	ing information about each Facility/Plant that you operate.	Use addtional	l pages as needed.		
Facility / Plant Name		Class PDV	WIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Bo	th pages must be completed and retu	rned. O	perator Certification Nu	ımber: 1653
		nter you're current address on the lines below and, if necess		Certification(s) s below will expi	
	correct the City, state and	ity, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		2	0
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιį	provide contractual serv	vices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you operd	ate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and retur			irned. O	perator Certifcation Nu	mber: 1660
-	•	nter you're current address on the lines below and, if necessary		Certification(s) sh below will expin	
	correct the City, state and	tate and ZIP Code. Please print legibly.		The fee to renew to certificate	450
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO RENEW	<u>7:</u>			Training Units
Certification	n Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		2	0
II. CURREN	NT EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	arrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		ΙĮ	provide contractual serv	ices to the Facility	
Please provide	e the following information d	bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	
		(OVER)			
		(O V LIK)			



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			rned. O	Operator Certification Number: 1670	
•	•	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.	cessary,	Certification(s) selow will exp	
	correct the City, state and ZII			The fee to renew certific	\$50
				 requirements by result in an ac 	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁻	Гуре Са	ategory		Class	Required
OPERATOR	IN	IDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INFOR	RMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curren	tly operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facility		Ιį	provide contractual ser	vices to the Facility
Please provide t	he following information about	t each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
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This is page one of a two page	e form. Both pages must be completed and returned.	Operator Certification N	Number: 1841	
•	ou're current address on the lines below and, if necessary	Certification(s) y, below will ex	×/1//11/5	
correct the City, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these scations: \$100	
		requirements by	plete or submit renewal y the expiration date will additional late fees as bed in Section V.	
I. CERTIFICATES TO	RENEW:		Training Units	
Certification Type	Category	Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION	2	7	
SUPERINTENDENT	WATER DISTRIBUTION	1	7	
II. CURRENT EMPLOYM	IENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilities (or Plants)	that you currently operate:	I am employed	by the Facility owner	
I am currently not operating any	Facility	I provide contractual se	ervices to the Facility	
Please provide the following inf	formation about each Facility/Plant that you operate. Us	se addtional pages as needed	d.	
Facility / Plant Name		class PDWIS (Water) NI	PDES (Wastewater)	



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This is page one	of a two page form. Both pages must be completed and returned	ed. Operator Certification Number	: 2084
	Please enter you're current address on the lines below and, if necess	Certification(s) shown below will expire on	
(correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	X 1 (1)(1)
		Failure to complete or requirements by the ex result in an addition	piration date will
		described in S	
I. CERTIFICA	ATES TO RENEW:	-	Fraining Units
Certification Ty	/pe Category	Class I	Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:	I am employed by the F	Facility owner
I am currently not operating any Facility		I provide contractual services t	o the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addtional pages as needed.	
Facility / Plant Na	me	Class PDWIS (Water) NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification 1	Number: 2147
•	Please enter you're current address on the lines below		Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print leg	gibly.	The fee to rene certif	w these ications: \$50
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFI	CATES TO RENEW:		deserm	Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed	by the Facility owner
I am currently not operating any Facility		1	provide contractual se	ervices to the Facility
Please provide	the following information about each Facility/Plant th	at you operate. Use add	ltional pages as neede	<i>d</i> .
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Ope			erator Certification Number:		2171	
		current address on the lines below and, if necessary,		Certification(s) s below will expi		8/1/2025
correct the City, s	correct the City, state a	ity, state and ZIP Code. Please print legibly.		The fee to renew certifica		\$100
				Failure to compl		
				requirements by the expiration d result in an additional late fee described in Section V.		
I. CERTIFI	CATES TO RENE	<u>W:</u>			т	raining Units
Certification	Туре	Category		Class		equired
SUPERINTEN	DENT	WATER TREATMENT		3	7	
SUPERINTEN	DENT	WATER TREATMENT		5	7	
SUPERINTEN	DENT	WASTEWATER TREATMENT		5	7	
II. CURREN	T EMPLOYMENT I	NFORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	ilities (or Plants) that you	currently operate:		I am employed by	the Fε	cility owner
I am currently n	not operating any Facility		Ιŗ	provide contractual serv	vices to	the Facility
Please provide	the following information	about each Facility/Plant that you opera	te. Use addti	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (W	Vastewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page of	one of a two page form. Bo	oth pages must be completed and re	turned. (Operator Certifcation Nu	mber: 24	41
•	•	e current address on the lines below and, if necessary, tate and ZIP Code. Please print legibly.		Certification(s) sl below will expi		1/2025
	correct the City, state an			The fee to renew certifica	X 5 1	0
				Failure to comple requirements by the result in an adden	he expirati	on date will e fees as
	ICATES TO RENEV	<u>V:</u>				ing Units
Certification	n Type	Category		Class	Requi	red
SUPERINTEN	NDENT	WASTEWATER TREATMENT		5	7	
SUPERINTEN	NDENT	WASTEWATER TREATMENT		А	7	
II. CURREN	NT EMPLOYMENT IN	FORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you c	urrently operate:		I am employed by	the Facility	y owner
I am currently	not operating any Facility		I	provide contractual serv	rices to the	Facility
Please provide	e the following information	— about each Facility/Plant that you op	erate. Use addi	tional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Waste	water)
		(OVER)		<u> </u>		



III. CONTINUING EDUCATION:

Page 2

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VANDERHOUT Please enter you're current address on the lines below and, correct the City, state and ZIP Code. Please print legibly.		necessary,	Certification(s) s below will exp		
			The fee to renew these certifications: \$50		
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES	TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER TREATMENT		5	30	
OPERATOR	WASTEWATER TREATMENT		Α	16	
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or P	lants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating	ng any Facility	I pr	ovide contractual serv	vices to the Facility	
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Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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•	Please enter you're current address on the lines	ease enter you're current address on the lines below and, if necessary,	Certification below wil	n(s) shown l expire on:	8/1/2025	
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I. CERTIFI	CATES TO RENEW:		— desc		aining Units	
Certification	Type Category		Class		equired	
OPERATOR	WATER TREATME	NT	2	16	6	
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone	#:		
Number of Faci	lities (or Plants) that you currently operate:		I am employ	ed by the Fa	cility owner	
I am currently n	not operating any Facility		I provide contractua	al services to	the Facility	
Please provide	the following information about each Facility/Pla	nt that you operate. Use ad	dtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (W	astewater)	



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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.				perator Certifcation Nu	ımber: 2521
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
	correct the City, state and ZIP C			The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	ATES TO RENEW:				Training Units
Certification T	ype Cate	gory		Class	Required
OPERATOR	WAT	ER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORM	ATION			
Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you currently	operate:		I am employed by	the Facility owner
I am currently not	operating any Facility		Ij	provide contractual serv	vices to the Facility
Please provide th	e following information about ed	nch Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plant Na	ame		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned. Op				Operator Certification Number: 2522		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	•	Certification below will	n(s) shown expire on:	8/1/2025	
		orint legibly.	The fee to recent	enew these tifications:	\$50	
			requirements result in a	Failure to complete or submit renewa requirements by the expiration date w result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:				raining Units	
Certification	Type Category		Class		equired	
OPERATOR	WATER TREATM	MENT	4	30)	
II. CURRENT	EMPLOYMENT INFORMATION					
Employer's Nam	e:		Phone #	<i>+</i> :		
Number of Facil	ities (or Plants) that you currently operate:		I am employe	ed by the Fa	cility owner	
I am currently no	ot operating any Facility		I provide contractua	l services to	the Facility	
Please provide t	he following information about each Facility/I	Plant that you operate. Use ad	dtional pages as nee	ded.		
Facility / Plant N	Vame	Class	PDWIS (Water)	NPDES (W	astewater)	



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returne			rned. O	Operator Certification Number: 2582		
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will ex		
	correct the City, state and ZIP (The fee to renew these certifications: \$50		
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification 7	Type Cat	egory		Class	Required	
OPERATOR	IND	USTRIAL WASTEWATER		2	0	
II. CURRENT	EMPLOYMENT INFORM	IATION				
Employer's Name	e:			Phone #:		
Number of Facili	ties (or Plants) that you currently	operate:		I am employed b	by the Facility owner	
I am currently no	t operating any Facility	<u> </u>	Ιp	provide contractual se	rvices to the Facility	
Please provide th	ne following information about e	ach Facility/Plant that you operc	ite. Use addti	onal pages as needed	<u> </u>	
Facility / Plant Name		Class	PDWIS (Water) NF	PDES (Wastewater)		



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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	e enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp	×/1//11/5
correct the City, state and ZIP Code. Please print legible			The fee to renew certific	v these cations: \$100
		1	requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICATE	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
OPERATOR	WATER TREATMENT		2	16
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	r Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently not opera	ating any Facility	I provi	de contractual ser	rvices to the Facility
Please provide the follo	wing information about each Facility/Plant that you ope	rate. Use addtional	l pages as needed	<u> </u>
Facility / Plant Name		Class PDV	VIS (Water) NP	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			irned. C	Operator Certification Number: 2680		
•	•	ou're current address on the lines below and, if necessary,		Certification(s) below will exp		
	correct the City, state and Z	d ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	Γ EMPLOYMENT INFO	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that you curr	ently operate:		I am employed b	y the Facility owner	
I am currently n	ot operating any Facility	<u> </u>	Ij	provide contractual ser	vices to the Facility	
Please provide i	the following information abo	– out each Facility/Plant that you oper	ate. Use addt	ional pages as needed	. —	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page of	one of a two page form. Both	pages must be completed and retu	rned. O	perator Certifcation N	Number:	2774
•	•	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.		Certification(s) below will ex		8/1/2025
	correct the City, state and Z			The fee to renev	w these cations:	\$50
				Failure to comp requirements by result in an a describ	the expi	ration date will I late fees as
I. CERTIF	ICATES TO RENEW:				Tr	aining Units
Certification	Type (Category		Class	Re	quired
OPERATOR	\	WASTEWATER TREATMENT		5	30	
OPERATOR	1	WASTEWATER TREATMENT		Α	16	
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you curre	ently operate:		I am employed b	by the Fac	cility owner
I am currently	not operating any Facility	<u> </u>	Ιp	provide contractual se	rvices to	the Facility
Please provide	the following information abo	ut each Facility/Plant that you oper	ate. Use addti	onal pages as needea	l.	
Facility / Plant	Name		Class	PDWIS (Water) NI	PDES (W	astewater)
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and re			Operator Certification N	Number: 2788	
•	Please enter you're current address on th	•	Certification(s) below will ex		
	correct the City, state and ZIP Code. Ple	state and ZIP Code. Please print legibly.	The fee to renev	w these cations: \$50	
			—— requirements by result in an a	plete or submit renewal the expiration date windditional late fees as seed in Section V.	
I. CERTIFI	ICATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WATER TRE	EATMENT	2	24	
II. CURREN	T EMPLOYMENT INFORMATION	N			
Employer's Nar	me:		Phone #:		
Number of Fac	ilities (or Plants) that you currently operate	:	I am employed b	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 Faci	lity/Plant that you operate. Use ac	ldtional pages as needea	<i>l</i> .	
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)	
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- · Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page o	ne of a two page form. Both	pages must be completed and retu	rned. O	perator Certifcation Nu	mber: 2885
•	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) sl below will expi	
	correct the City, state and Z			The fee to renew certifica	
				 requirements by t result in an ad 	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
OPERATOR	,	WASTEWATER TREATMENT		5	30
OPERATOR	,	WASTEWATER TREATMENT		Α	16
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that you curr	ently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ιp	provide contractual serv	rices to the Facility	
Please provide	the following information abo	ut each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) s below will exp		
	correct the City, state and			The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW	<u>':</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WATER TREATMENT		4	30	
II. CURREN	Γ EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
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III. CONTINUING EDUCATION:

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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•	lease enter you're current address on the lines below and, if necessary,	ecessary,	Certification(s) sl below will expi	×/1//11/5	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPL	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and retur			rned. O	ed. Operator Certification Number: 2919		
•	•	ase enter you're current address on the lines below and, if necessary		Certification(s) sh below will expin		
	correct the City, state and	he City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50	
				Failure to complete or submit renew requirements by the expiration date was result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW	<u>V:</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you co	urrently 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 a	— about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
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		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			Ope	Operator Certification Number: 2923			
		er you're current address on the lines below and, if necessar		Certification(s) below will ex		8/1/2025	
	correct the City, state and ZIP Code. Pl	y, state and ZIP Code. Please print legibly.		The fee to rene certifi	w these cations:	\$50	
				Failure to comprequirements by result in an a	the expi	ration date will I late fees as	
I. CERTIFIC	ATES TO RENEW:				Tr	raining Units	
Certification T	ype Category			Class		quired	
OPERATOR	WASTEWA	TER COLLECTION		2	16		
II. CURRENT	EMPLOYMENT INFORMATIO	N					
Employer's Name	:			Phone #:			
Number of Facilit	ies (or Plants) that you currently operat	e:		I am employed	by the Fac	cility owner	
I am currently not	operating any Facility		I pro	ovide contractual se	ervices to	the Facility	
Please provide th	e following information about each Fac	cility/Plant that you operate. Us	e addtior	nal pages as needed	d.		
Facility / Plant Na	ame	Cl	lass Pl	OWIS (Water) N	PDES (W	astewater)	



III. CONTINUING EDUCATION:

Page 2

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V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and return			ed. Operator Certification Number: 2929		
•	Please enter you're current address on the lines below a	•	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legible	y.	The fee to renew these certifications: \$50 Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:		describe	Training Units	
Certification T	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e: _		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide th	ne following information about each Facility/Plant that	vou operate. Use addtie	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
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Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	mber: 2941	
•	•	ou're current address on the lines below and, if necessa		Certification(s) sl below will expi	×/1//11/5
	correct the City, state and	tate and ZIP Code. Please print legibly.		The fee to renew certifica	150
				requirements by the result in an add	ete or submit renewal the expiration date will ditional late fees as I in Section V.
I. CERTIFI	ICATES TO RENEW	<u>/:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY	,	WASTEWATER TREATMENT	-	А	24
TEMPORARY	,	WASTEWATER TREATMENT	-	5	45
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	cilities (or Plants) that you co	urrently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		Ij	provide contractual serv	ices to the Facility
Please provide	the following information a	ubout each Facility/Plant that you	operate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.				tion Number:	2948	
	Please enter you're current address on the lines below and, if necessary,			ion(s) shown vill expire on:	8/1/2025	
	correct the City, state and ZIP Code. Pl	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirement result in	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:		uc		raining Units	
Certification	Type Category		Class		Required	
TEMPORARY	WATER TR	EATMENT	4	4	.5	
II. CURREN	T EMPLOYMENT INFORMATIO	N				
Employer's Nar	ne:		Phone	e #:		
Number of Fac	ilities (or Plants) that you currently operate	e:	I am emplo	oyed by the F	acility owner	
I am currently not operating any Facility			I provide contract	ual services to	the Facility	
Please provide	the following information about each Fac	ility/Plant that you operate. Use a	uddtional pages as n	eeded.		
Facility / Plant Name		Class	s PDWIS (Water)	NPDES (V	Vastewater)	



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned. Opera			Operator Certification Num	ber: 2962
	Please enter you're current address on		Certification(s) sho below will expire	×/1//11/5
	correct the City, state and ZIP Code. P	City, state and ZIP Code. Please print legibly.		ese sons: \$100
				e or submit renewal expiration date will
			result in an addi	tional late fees as n Section V.
I. CERTIFI	CATES TO RENEW:		described i	Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TF	REATMENT	3	30
OPERATOR	WASTEWA	ATER TREATMENT	5	30
OPERATOR	WASTEWA	ATER TREATMENT	Α	16
II. CURREN	Γ EMPLOYMENT INFORMATIO	ON		
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently opera	te:	I am employed by the	ne Facility owner
I am currently n	ot operating any Facility		I provide contractual service	es to the Facility
Please provide	the following information about each Fa	cility/Plant that you operate. Use a	ddtional pages as needed.	
Facility / Plant 1	Name	Class	s PDWIS (Water) NPDE	S (Wastewater)
		(OVER)		



III. CONTINUING EDUCATION:

Page 2

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

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- 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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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			erator Certification N	umber: 3020	
	you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	×/1//11/5	
correct the C	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$100		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICATES TO) RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLOYE	MENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants	s) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating an	ny Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the following in	nformation about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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	Please enter you're current address on the lines below and, if necessary		f necessary,	Certification(s) sl below will expi	×/1//11/5
	correct the City, state and	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$ 100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFI	CATES TO RENEW	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	1	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	urrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility		Ij	provide contractual serv	ices to the Facility
Please provide	the following information a	 about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one	of a two page form. Both pages	must be completed and return	ned. Oj	perator Certifcation Nur	mber: 3322	
	Please enter you're current address on the lines below and, if necess	ssary,	Certification(s) sh below will expin			
со	correct the City, state and ZIP Code. Please print legibly.			The fee to renew to certificate	\$50	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
<u>I. CERTIFIC</u>	ATES TO RENEW:				Training Units	
Certification Ty	pe Categ	jory		Class	Required	
TEMPORARY	INDU	STRIAL WASTEWATER		2	0	
II. CURRENT I	EMPLOYMENT INFORMA	ATION				
Employer's Name:				Phone #:		
Number of Facilitie	es (or Plants) that you currently of	perate:		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 eac	h Facility/Plant that you operat	e. Use addti	onal pages as needed.		
Facility / Plant Nar	me		Class	PDWIS (Water) NPD	ES (Wastewater)	
					_	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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

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

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page on	e of a two page form. Both pages must be completed and r	erator Certification Number: 3329		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) s below will exp	
			The fee to renew certification	\$50
			Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁷	Type Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide t	he following information about each Facility/Plant that you o	perate. Use addtio	nal pages as needed.	
Facility / Plant N	Name	Class Pl	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Nun	nber: 3372
	Please enter you're current address on the lines be		Certification(s) sho below will expire	
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew the certification	\$50
			— requirements by the result in an add	te or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	Type Category		Class	Required
OPERATOR	WATER TREATMEN	Т	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ties (or Plants) that you currently operate:		I am employed by t	he Facility owner
I am currently no	t operating any Facility		I provide contractual service	ces to the Facility
Please provide th	ne following information about each Facility/Plant	that you operate. Use add	dtional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPDI	ES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned.			perator Certification Numb	er: 3384		
		u're current address on the lines below and, if necessa		Certification(s) show below will expire of		
	correct the City, state and ZI	ity, state and ZIP Code. Please print legibly.		The fee to renew the certification		
				Failure to complete		
				 requirements by the expiration date will result in an additional late fees as described in Section V. 		
I. CERTIFI	ICATES TO RENEW:			described in	Training Units	
Certification	Туре С	ategory		Class	Required	
OPERATOR	V	ATER TREATMENT		2	16	
OPERATOR	W	ASTEWATER TREATMENT		5	30	
OPERATOR	V	ASTEWATER TREATMENT		Α	16	
II. CURREN	T EMPLOYMENT INFOR	RMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you curren	tly operate:		I am employed by the	Facility owner	
I am currently	not operating any Facility	<u>—</u>	Ιp	rovide contractual service	s to the Facility	
Please provide	the following information abou	t each Facility/Plant that you operat	e. Use addti	onal pages as needed.		
Facility / Plant	Name		Class 1	PDWIS (Water) NPDES	(Wastewater)	
		Loren I				
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and return			Operator Certification N	Jumber: 3511	
•	Please enter you're current address on the lines		Certification(s) below will ex		
	correct the City, state and ZIP Code. Please pr	int legibly.	The fee to renev	w these cations: \$50	
			requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WATER DISTRIB	JTION	1	16	
II. CURREN	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed b	by the Facility owner	
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		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			Operator Certifcati	3512		
	•	se enter you're current address on the lines below and, if necessary		on(s) shown ll expire on:	8/1/2025	
	correct the City, state and ZIP Code. Plea	t the City, state and ZIP Code. Please print legibly.		renew these ertifications:	\$50	
			requirement result in	s by the exp	submit renewal iration date will al late fees as ction V.	
I. CERTIFI	CATES TO RENEW:				raining Units	
Certification	Type Category		Class		equired	
OPERATOR	WATER DIST	RIBUTION	1	16	3	
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	me:		Phone	#:		
Number of Faci	ilities (or Plants) that you currently operate:		I am emplo	yed by the Fa	cility owner	
I am currently not operating any Facility			I provide contractu	al services to	the Facility	
Please provide	the following information about each Facili	ty/Plant that you operate. Use a	addtional pages as ne	eded.		
Facility / Plant Name		Class	s PDWIS (Water)	NPDES (W	astewater)	



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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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			urned. C	perator Certifcation N	527		
	•	you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will ex		/1/2025	
	correct the City, state and			The fee to renew these certifications: \$50		50	
				Failure to comp requirements by result in an a	the expira	ation date will late fees as	
I. CERTIFI	CATES TO RENEW:				Trai	raining Units	
Certification	Type	Category		Class		uired	
OPERATOR		WASTEWATER COLLECTION		2	16		
II. CURREN	T EMPLOYMENT INFO	ORMATION					
Employer's Nan	ne:			Phone #:			
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed l	by the Facil	ity owner	
I am currently not operating any Facility		Ij	provide contractual se	rvices to th	e Facility		
Please provide	the following information ab	— out each Facility/Plant that you ope	rate. Use addt	ional pages as needed	ł.		
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Was	tewater)		



III. CONTINUING EDUCATION:

Page 2

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

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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•	•	you're current address on the lines below and, if necessary, lity, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp	
	correct the City, state and			The fee to renew these certifications: \$50	
				requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner
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Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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•	•	ase enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	×/1//11/5
	correct the City, state and ZIP Coc	state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$50
				requirements by result in an a	olete or submit renewa the expiration date w dditional late fees as ed in Section V.
I. CERTIFIC	ATES TO RENEW:			4000110	Training Units
Certification T	ype Categ	ory		Class	Required
SUPERINTEND	ENT WATE	R TREATMENT		4	7
II. CURRENT	EMPLOYMENT INFORMA	TION			
Employer's Name	:			Phone #:	
Number of Facilit	ies (or Plants) that you currently of	perate:		I am employed b	by the Facility owner
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Facility / Plant Name			Class	PDWIS (Water) NF	DES (Wastewater)



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This is page one of a two page	Operator Certification Number	per: 3790			
•	ou're current address on the lines below and, if necessar	Certification(s) show below will expire			
correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	\$50		
		Failure to complete or submit ren requirements by the expiration da result in an additional late fees described in Section V.			
I. CERTIFICATES TO	RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER TREATMENT	5	30		
OPERATOR	WASTEWATER TREATMENT	А	16		
II. CURRENT EMPLOYM	IENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants)	that you currently operate:	I am employed by th	e Facility owner		
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Please provide the following infe	ormation about each Facility/Plant that you operate. U	Ise addtional pages as needed.			
Facility / Plant Name	C	Class PDWIS (Water) NPDE	S (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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•	Please enter you're current address on the lines below and, if necessary,		Certification below will		8/1/2025	
	correct the City, state and ZIP Code. Please print	t legibly.		The fee to renew these certifications: \$50		
			requirements result in a	by the expi	ubmit renewal ration date will I late fees as	
I. CERTIFI	CATES TO RENEW:		ueses		ining Units	
Certification	Type Category		Class		quired	
OPERATOR	WATER TREATMEN	IT	4	30		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	me:		Phone #	:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employe	ed by the Fac	cility owner	
I am currently r	not operating any Facility		I provide contractual	services to	the Facility	
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Page 2

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•	Please enter you're current address on the lines below and, if necessary,		eessary,	Certification(s) s below will exp	
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I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
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Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cur	rently operate:		I am employed by	y the Facility owner
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			turned. C	Operator Certification Number: 4481		
MISTRY Please enter you're current add correct the City, state and ZIP	•	lease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP	IP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:			described	Training Units	
Certification	Type Cat	egory		Class	Required	
OPERATOR	WA	TER DISTRIBUTION		1	16	
II. CURREN	T EMPLOYMENT INFORM	MATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you currently	y operate:		I am employed by	the Facility owner	
I am currently i	not operating any Facility		Ij	provide contractual serv	vices to the Facility	
Please provide	the following information about e	each Facility/Plant that you ope	erate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			irned. C	perator Certifcation Nu	ımber: 4489
	Please enter you're current address on the lines below and, if necessary		ecessary,	Certification(s) shown below will expire on: 8/1/202	
	correct the City, state and	e City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURRENT	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		Ij	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	rate. Use addt	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page on	e of a two page form. Both pages must be completed and return	red. Op	ımber: 4522	
-	Please enter you're current address on the lines below and, if nece	ssary,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Гуре Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide ti	he following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant N	Jame	Class P	DWIS (Water) NPD	DES (Wastewater)
	(OVER)			



III. CONTINUING EDUCATION:

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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			urned.	Operator Certification N	umber: 4525
•	•	u're current address on the lines below and, if necessary		Certification(s) s below will exp	
	correct the City, state and	he City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by result in an ac	lete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility		I	provide contractual ser	vices to the Facility
Please provide	the following information a	— bout each Facility/Plant that you ope	rate. Use addi	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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•	•	nter you're current address on the lines below and, if necessary, he City, state and ZIP Code. Please print legibly.	,	Certification below will	n(s) shown l expire on		
	correct the City, state and ZIP Code. Pl			The fee to renew these certifications: \$50			
				requirements result in a	s by the ex	submit renewal piration date will nal late fees as ection V.	
I. CERTIFIC	CATES TO RENEW:					Training Units	
Certification T	ype Category			Class		Required	
OPERATOR	WASTEWA	TER COLLECTION		2		16	
II. CURRENT	EMPLOYMENT INFORMATIO	N					
Employer's Name	e:			Phone	#: 		
Number of Facili	ties (or Plants) that you currently operate	e:		I am employ	ed by the I	Facility owner	
I am currently no	t operating any Facility		I pro	vide contractua	ıl services t	to the Facility	
Please provide th	e following information about each Fac	ility/Plant that you operate. Use	e addtion	al pages as nee	eded.		
Facility / Plant Name		Cla	ass PE	OWIS (Water)	NPDES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one	e of a two page form. Both p	ages must be completed and retui	rned.	perator Certifcation N	umber: 4568	
•	•	e enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZII	ity, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
				Failure to complete or submit renewal requirements by the expiration date will		
					lditional late fees as	
I. CERTIFIC	ATES TO RENEW:			— describe		
Certification T		ategory		Class	Training Units Required	
OPERATOR	V	ASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFOR	RMATION				
Employer's Name	:			Phone #:		
Number of Facilit	ties (or Plants) that you currer	tly operate:		I am employed by	y the Facility owner	
I am currently not	t operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide th	e following information abou	t each Facility/Plant that you opera	ite. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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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- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned. Open				perator Certification Number: 4691		
SHOWELL	Please enter you're current address on the lines below and, if necessary	cessary,	Certification(s) below will exp			
	correct the City, state and ZIP Code. Please print legibly.				The fee to renew these certifications: \$50	
				Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR	,	WASTEWATER TREATMENT		5	30	
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Name:		Phone #:				
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
I am currently not operating any Facility			I provide contractual services to the Facility			
Please provide	the following information abo	_ ut each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	. —	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			. Op	Operator Certification Number: 4920		
WRIGHT	u're current address on the lines below and, if necessar	ry,	Certification(s) s below will exp			
correct the City, state and ZIP Code. Please print legibly.				The fee to renew these certifications: \$100		
				Failure to complete or submit renewa requirements by the expiration date we result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO F	RENEW:			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WATER TREATMENT		5	16	
SUPERINTEN	IDENT	WATER TREATMENT		4	7	
SUPERINTEN	IDENT	WATER TREATMENT		3	7	
SUPERINTEN	IDENT	WASTEWATER TREATMENT		3	7	
OPERATOR		WATER TREATMENT		4	30	
OPERATOR		WASTEWATER COLLECTION		2	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		4	30	
II. CURREN	T EMPLOYME	ENT INFORMATION				
Employer's Na	me:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner		
I am currently not operating any Facility		I pr	ovide contractual ser	vices to the Facility		
Please provide	the following info	rmation about each Facility/Plant that you operate. U	Jse addtio	nal pages as needed.		
Facility / Plant	Name		Class P	DWIS (Water) NP	DES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

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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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certifcation Nu	ımber: 5315
•	•	lease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	×/1//11/5
	correct the City, state and ZIP C	ty, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				 requirements by t result in an ad 	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁻	Гуре Cate	gory		Class	Required
OPERATOR	WAT	ER TREATMENT		G	7
II. CURRENT	EMPLOYMENT INFORM	ATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you currently	operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ιp	provide contractual serv	vices to the Facility
Please provide t	he following information about ea	ch Facility/Plant that you opera	te. Use addti	onal pages as needed.	
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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 an	d 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 return			ned. O	d. Operator Certification Number: 5549		
•	•	nter you're current address on the lines below and, if necessary, he City, state and ZIP Code. Please print legibly.	essary,	Certification(s) below will exp		
	correct the City, state and ZIP			The fee to renew these certifications: \$50		
				requirements by result in an acceptance.	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Ca	tegory		Class	Required	
OPERATOR	W	ASTEWATER COLLECTION		2	16	
II. CURREN	T EMPLOYMENT INFOR	MATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you current	ly operate:		I am employed b	by the Facility owner	
I am currently n	not operating any Facility		ΙĮ	provide contractual ser	rvices to the Facility	
Please provide	the following information about	each Facility/Plant that you opera	te. Use addt	ional pages as needed	<u></u>	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			urned. (Operator Certification Number: 5605		
	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) below will exp		
	correct the City, state and	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				— requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	Γ EMPLOYMENT INF	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed b	by the Facility owner	
I am currently n	ot operating any Facility	_	I	provide contractual ser	rvices to the Facility	
Please provide	the following information a	— bout each Facility/Plant that you ope	erate. Use addi	tional pages as needed	<i></i>	
Facility / Plant Name		Class	PDWIS (Water) NF	PDES (Wastewater)		



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This is page one of a two page form. Both pages must be completed and returned.			turned. C	Operator Certification Nu	mber: 5695
		current address on the lines below and, if necessary, ate and ZIP Code. Please print legibly.		Certification(s) s below will expi	
	correct the City, state and			The fee to renew certification	X50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification 7	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I	provide contractual serv	vices to the Facility
Please provide t	he following information a	bout each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

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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- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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	Please enter you're current address on the lines below and, if necessary		if necessary,	Certification(s) s below will exp	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	£100	
					ete or submit renewal the expiration date will
				result in an ad	Iditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	7 <u>.</u>		describe	Training Units
Certification ⁻				Class	Required
SUPERINTENE	DENT	WATER TREATMENT		4	7
SUPERINTENE	DENT	WASTEWATER TREATMENT	Γ	5	7
SUPERINTENE	DENT	WATER TREATMENT		3	7
II. CURRENT	EMPLOYMENT INF	FORMATION			
Employer's Nam	e:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner	
I am currently no	ot operating any Facility		Ι 1	provide contractual serv	vices to the Facility
Please provide t	he following information a	bout each Facility/Plant that you	operate. Use addt	ional pages as needed.	
Facility / Plant Name Class			Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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		current address on the lines below and, if necessary		Certification(s) s below will exp	
	correct the City, state and	e and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
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Certification ⁷	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURRENT	Γ EMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
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This is page one of a two page form. Both pages must be completed and returned. Ope			n Number: 6936		
	u're current address on the lines below and, if necessar	Certification(ry, below will			
correct the City, state and ZIP Code. Please print legibly.		The fee to rer	new these ifications: \$100		
		requirements result in ar	mplete or submit renewal by the expiration date will additional late fees as ibed in Section V.		
I. CERTIFICATES TO	RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER COLLECTION	2	16		
OPERATOR	WATER DISTRIBUTION	1	16		
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) t	hat you currently operate:	I am employe	d by the Facility owner		
I am currently not operating any Facility		I provide contractual	I provide contractual services to the Facility		
Please provide the following info	rmation about each Facility/Plant that you operate. U	Jse addtional pages as need	led.		
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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-	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi		
	correct the City, state and ZIP Co	ct the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:			described	Training Units	
Certification	Type Cate	gory		Class	Required	
OPERATOR	WATI	ER TREATMENT		4	30	
II. CURREN	Γ EMPLOYMENT INFORMA	ATION				
Employer's Nan	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner		
I am currently not operating any Facility		Ιj	provide contractual serv	vices to the Facility		
Please provide	the following information about each	ch Facility/Plant that you op	erate. Use addt	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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•	Please enter you're current address on the lines below and, if nec	cessary,	Certification(s) sl below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
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Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Naı	me:		Phone #:	
Number of Fac	ilities (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	ate. Use addtio	onal pages as needed.	
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	(OVER)	·		



III. CONTINUING EDUCATION:

Page 2

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned. Open			erator Certifcation I	Number: 7363	
HOGAN Please enter you're current address on the lines below and, if necess correct the City, state and ZIP Code. Please print legibly.		sary,	Certification(s) below will ex	shown spire on: 8/1/2025	
			The fee to rene certifi	w these scations: \$100	
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
<u>I. CERTIFI</u>	CATES TO RENEW	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WATER TREATMENT		2	16
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		Α	16
SUPERINTEN	IDENT	WATER TREATMENT		2	7
SUPERINTEN	IDENT	WASTEWATER TREATMENT		5	7
SUPERINTEN	IDENT	WASTEWATER TREATMENT		Α	7
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Name:		Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed	by the Facility owner	
I am currently r	not operating any Facility	<u> </u>	I pr	ovide contractual se	ervices to the Facility
Please provide	the following information a	— bout each Facility/Plant that you operate	. Use addtio	nal pages as needed	d.
Facility / Plant	Name		Class P	DWIS (Water) N	PDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one	of a two page form. Both pages must be con	ipleted and returned.	Operator Certification Nu	mber: 7553
	Please enter you're current address on the lines		Certification(s) shelow will expire	
	correct the City, state and ZIP Code. Please pri	state and ZIP Code. Please print legibly.	The fee to renew certifica	450
			requirements by the	ete or submit renewal ne expiration date will ditional late fees as
				in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
OPERATOR	WASTEWATER T	REATMENT	5	30
OPERATOR	WASTEWATER TO	REATMENT	А	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	•	I provide contractual serv	ices to the Facility
Please provide th	e following information about each Facility/Pla	ant that you operate. Use ad	ldtional pages as needed.	
Facility / Plant Na	ame	Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)		<u> </u>



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page or	ie of a two page form. Both p	ages must be completed and retu	rned. O	perator Certifcation Nu	ımber: 7687	
•	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s) s below will expi		
	correct the City, state and ZII	e City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
					ete or submit renewal the expiration date will	
					ditional late fees as	
I. CERTIFIC	CATES TO RENEW:			— described	d in Section V.	
Certification		ategory		Class	Training Units Required	
OPERATOR	IN	IDUSTRIAL WASTEWATER		5	30	
II. CURREN	ΓEMPLOYMENT INFOR	RMATION				
Employer's Nan	ne:			Phone #:		
Number of Facil	lities (or Plants) that you curren	tly operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		Ιį	provide contractual serv	vices to the Facility		
Please provide i	the following information about	t each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)		
					_	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Both pages must be con	npleted and returned.	Operator Certification Nu	mber: 7700	
•	Please enter you're current address on the lines		Certification(s) si below will expi		
	correct the City, state and ZIP Code. Please pr	City, state and ZIP Code. Please print legibly.		these tions: \$100	
			requirements by t	ete or submit renewal he expiration date will	
				tional late fees as n Section V.	
I. CERTIF	ICATES TO RENEW:		uescribed	Training Units	
Certification			Class	Required	
OPERATOR	WATER TREATMI	ENT	2	16	
OPERATOR	WASTEWATER T	REATMENT	5	30	
OPERATOR	WASTEWATER T	REATMENT	А	16	
II. CURREN	NT EMPLOYMENT INFORMATION				
Employer's Na	ame:		Phone #:		
Number of Fac	cilities (or Plants) that you currently operate:	_	I am employed by	the Facility owner	
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Please provide	e the following information about each Facility/Pl	ant that you operate. Use ad	ldtional pages as needed.		
Facility / Plant	t Name	Class	PDWIS (Water) NPI	DES (Wastewater)	
		(OVED)			
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
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•	•	ase enter you're current address on the lines below and, if necessary,		Certification(s) below will ex		8/1/2025
	correct the City, state and ZIP Code. P	nd ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW:					aining Units
Certification	Type Category			Class		quired
OPERATOR	WATER DI	STRIBUTION		1	16)
II. CURREN	Γ EMPLOYMENT INFORMATIO	ON				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently operate	e:		I am employed	by the Fa	cility owner
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Please provide	the following information about each Fa	cility/Plant that you operate.	Use addtio	nal pages as needed	<i>l</i> .	
Facility / Plant Name			Class P	DWIS (Water) NI	PDES (W	astewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			rned. C	Operator Certification Number: 8026			
	Please enter you're current address on the lines below and, if necessary,		cessary,	Certification(s below will ex		8/1/2025	
	correct the City, state and ZI	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		\$50	
				Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.			
I. CERTIFIC	CATES TO RENEW:				Tr	raining Units	
Certification	Type C	ategory		Class		equired	
OPERATOR	V	/ASTEWATER COLLECTION		2	16	6	
II. CURRENT	Γ EMPLOYMENT INFO	RMATION					
Employer's Nam	ne:			Phone #:			
Number of Facil	lities (or Plants) that you curren	ntly operate:		I am employed	by the Fa	cility owner	
I am currently not operating any Facility		Ι 1	provide contractual s	ervices to	the Facility		
Please provide t	the following information abou	t each Facility/Plant that you oper	ate. Use addt	ional pages as neede	ed.		
Facility / Plant Name		Class	PDWIS (Water) N	IPDES (W	astewater)		



III. CONTINUING EDUCATION:

Page 2

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

Name and 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

- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one o	f a two page form. Both pages must be completed and	returned. Operator Certificat	tion Number: 8149		
FAUNTLEROY Please enter you're current address on the lines be correct the City, state and ZIP Code. Please print	lease enter you're current address on the lines below and,		on(s) shown rill expire on: 8/1/2025		
	orrect the City, state and ZIP Code. Please print legibly.		renew these sertifications: \$50		
		requiremen result in	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICA	TES TO RENEW:		Training Units		
Certification Typ	oe Category	Class	_		
OPERATOR	WATER TREATMENT	4	30		
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:		Phone	e #:		
Number of Facilitie	s (or Plants) that you currently operate:	I am emplo	oyed by the Facility owner		
I am currently not operating any Facility		I provide contracto	I provide contractual services to the Facility		
Please provide the j	following information about each Facility/Plant that you	operate. Use addtional pages as n	eeded.		
Facility / Plant Name		Class PDWIS (Water)	NPDES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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

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

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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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I consent to receive my certificate(s)	by emial in lieu of mail		



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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 815		
	nter you're current address on the lines below and, if necessa		Certification(below will		8/1/2025
correct the City, state and ZIP Code. Please print legibly.		-	The fee to rer	new these ifications:	\$100
			Failure to complete or submit re requirements by the expiration daresult in an additional late fee described in Section V.		iration date will al late fees as
I. CERTIFICATES	TO RENEW:			Ti	raining Units
Certification Type	Category		Class		equired
OPERATOR	WASTEWATER COLLECTION		2	16	6
OPERATOR	WATER DISTRIBUTION		1	16	6
II. CURRENT EMPLO	OYMENT INFORMATION				
Employer's Name:			Phone #:	:	
Number of Facilities (or Pl	lants) that you currently operate:	I	am employe	d by the Fa	cility owner
I am currently not operating	ng any Facility	I provide	e contractual	services to	the Facility
Please provide the following	ng information about each Facility/Plant that you operate.	Use addtional p	oages as need	led.	
Facility / Plant Name		Class PDWI	IS (Water)	NPDES (W	/astewater)
					_



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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This is page of	ne of a two page form. Bot	th pages must be completed and retu	urned. C	perator Certifcation Nu	ımber: 8177	
		current address on the lines below and, if neces	ecessary,	Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legibly.		I ZIP Code. Please print legibly.		The fee to renew certification	150	
				Failure to complete or submit renewal requirements by the expiration date wil result in an additional late fees as described in Section V.		
I. CERTIFI	CATES TO RENEW	<u>'•</u>			Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		А	16	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			rovide contractual services to the Facility			
Please provide	the following information a	bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Name and 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	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			turned. Op	Operator Certification Number: 8253		
•	•	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) below will ex		/2025
	correct the City, state and			The fee to rene certifi	w these ications: \$10	00
				Failure to com		
					additional late	e fees as
I CFRTIFI	CATES TO RENEW	<i>J</i> -		- describ	oed in Section	
Certification (Category		Class	Traini Requii	ng Units red
OPERATOR		WATER TREATMENT		2	16	
OPERATOR		WASTEWATER TREATMENT		3	30	
SUPERINTEN	IDENT	WATER TREATMENT		2	7	
SUPERINTEN	DENT	WASTEWATER TREATMENT		3	7	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	urrently operate:		I am employed	by the Facility	owner
I am currently r	not operating any Facility		I pr	ovide contractual se	ervices to the F	acility
Please provide	the following information a	 about each Facility/Plant that you op	erate. Use addtio	nal pages as needed	d.	
Facility / Plant	Name		Class P	DWIS (Water) N	PDES (Wastev	vater)



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 8648		
	ase enter you're current address on the lines below and, if necessar	y,	Certification(s) s below will exp		
cori	rect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICAT	TES TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	T WASTEWATER TREATMENT		5	7	
II. CURRENT EM	IPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities ((or Plants) that you currently operate:		I am employed by	y the Facility owner	
I am currently not ope	erating any Facility	I pr	ovide contractual ser	vices to the Facility	
Please provide the fol	llowing information about each Facility/Plant that you operate. $\it U$	se addtio	onal pages as needed.		
Facility / Plant Name	C	Class P	DWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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This is page one of a two page form. Both pages must be completed and returned.			i ed. Op	erator Certification Nu	umber: 8776
WHITSON Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.				Certification(s) s below will exp	
			The fee to renew certification	\$100	
				requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		Α	16
OPERATOR		WATER TREATMENT		3	30
OPERATOR		WASTEWATER TREATMENT		5	30
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you curr	ently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility		I pı	ovide contractual serv	vices to the Facility
Please provide	the following information abo	out each Facility/Plant that you operate	e. Use addtio	onal pages as needed.	
Facility / Plant Name		Class P	PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)			



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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.
- 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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned.			eturned. C	Operator Certification Nu	mber: 8792
		you're current address on the lines below and, if necessar		Certification(s) s below will expi	
	correct the City, state and	tate and ZIP Code. Please print legibly.		The fee to renew certification	X50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility		I	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you op	perate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page on	e of a two page form. Both pages must be completed and return	ned. Operator Certification Num	ber: 9027
•	Please enter you're current address on the lines below and, if neces	Certification(s) sho ssary, below will expire	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew th certification	(- 1)
		requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.
	CATES TO RENEW:		Training Units
Certification 7	Type Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
II. CURRENT	FEMPLOYMENT INFORMATION		
Employer's Nam	e:	Phone #:	
Number of Facil	ities (or Plants) that you currently operate:	I am employed by the	ne Facility owner
I am currently no	ot operating any Facility	I provide contractual service	es to the Facility
Please provide th	he following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant N	Jame	Class PDWIS (Water) NPDE	S (Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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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	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.			ed. Ope	Operator Certification Number: 9223		
		you're current address on the lines below and, if necessary, Eity, state and ZIP Code. Please print legibly.		Certification(s below will ex		3/1/2025
C	correct the City, state and			The fee to rene certif	ew these fications:	5100
				Failure to com requirements by result in an descril	y the expira	ation date will late fees as
I. CERTIFICA	ATES TO RENEW:	<u> </u>			Tra	ining Units
Certification Ty	pe	Category		Class	Red	Juired
OPERATOR		WASTEWATER TREATMENT		А	16	
SUPERINTENDE	ENT	WASTEWATER TREATMENT		5	7	
OPERATOR		WATER TREATMENT		1	16	
OPERATOR		WASTEWATER TREATMENT		5	30	
SUPERINTENDE	ENT	WASTEWATER TREATMENT		Α	7	
II. CURRENT I	EMPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:		
Number of Facilitie	es (or Plants) that you cur	rently operate:		I am employed	by the Faci	lity owner
I am currently not	operating any Facility		I pro	ovide contractual s	ervices to th	ne Facility
Please provide the	following information ab	out each Facility/Plant that you operate	. Use addtion	ial pages as neede	ed.	
Facility / Plant Nar	me		Class PI	OWIS (Water) N	IPDES (Was	stewater)



III. CONTINUING EDUCATION:

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		
Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
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This is page o	one of a two page form. Bot	th pages must be completed and ret	urned. C	perator Certifcation Nu	ımber: 9669
		you're current address on the lines below and, if necessary, Eity, state and ZIP Code. Please print legibly.		Certification(s) si below will expi	
	correct the City, state and			The fee to renew certifica	150
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Naı	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility		I	provide contractual serv	vices to the Facility
Please provide	the following information a	bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
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		(OVER)			



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•	•	er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	
	correct the City, state and			The fee to renew certifica	X 5 ()
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WATER TREATMENT		4	45
TEMPORARY		WATER TREATMENT		5AS	24
II. CURRENT	Γ EMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ιį	provide contractual serv	ices to the Facility
Please provide t	the following information at	oout each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
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Page 2

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	correct the City, state and ZIP Code.			The fee to renew these certifications: \$50		
				requirements by t result in an ad	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.	
I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	pe Categor	у		Class	Required	
OPERATOR	WATER ⁻	TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMAT	ION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you currently open	rate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility		I pro	ovide contractual serv	vices to the Facility	
Please provide the	e following information about each F	Cacility/Plant that you operate. U	Jse addtio	nal pages as needed.		
Facility / Plant Name		(Class P	DWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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Name and Certification Number of
Operator in Responsible Charge:

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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 an	d Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057,	, Baltimore, Maryland 21203-1708	
* AN INCOMPL	ETE APPLICATION WILL	BE RETURNED *	
I consent to receive my certificate(s)	by emial in lieu of mail		



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This is page one of a two page form. Both pages must be completed and returned		ed. Ope	Operator Certification Number: 9826		
SHUMAKER Please enter you're current address on the lines below and, if necessary correct the City, state and ZIP Code. Please print legibly.		sary,	Certification(s below will ex		
			The fee to reno certif	ew these fications: \$100	
				requirements b result in an	nplete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification ⁻	Type	Category		Class	Required
OPERATOR		WATER TREATMENT		2	16
SUPERINTEN	DENT	WASTEWATER TREATMENT		5	7
SUPERINTEN	DENT	WATER TREATMENT		5	7
SUPERINTEN	DENT	WATER TREATMENT		2	7
OPERATOR		WATER TREATMENT		5	16
OPERATOR		WASTEWATER TREATMENT		5	30
II. CURRENT	TEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility		I pro	vide contractual s	ervices to the Facility
Please provide t	he following information a	— bout each Facility/Plant that you operate.	Use addtion	al pages as neede	<u></u>
Facility / Plant N	Name		Class PI	OWIS (Water) N	NPDES (Wastewater)
		(OVER)			
		(O I LIC)			



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Page 2

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Name and Certification Number of
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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.			Pperator Certifcation N	umber: 9916	
•	•	enter you're current address on the lines below and, if necessary, the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) below will exp	×/1//11/5
	correct the City, state and			The fee to renew certific	450
				Failure to complete or submit ren requirements by the expiration day result in an additional late fees described in Section V.	
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			Training Units
Certification 7	Гуре	Category		Class	Required
SUPERINTEND	DENT	WATER TREATMENT		1	7
II. CURRENT	EMPLOYMENT INFO	ORMATION			
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	Please enter you're current address on the lines below and, if necessary	ary,	Certification(s) shown below will expire on: 8/1,		8/1/2025
correct the City, state and ZIP Code. Please print legibly.			The fee to recent	new these tifications:	\$100
			requirements result in a		
I. CERTIFICA	ATES TO RENEW:			Tra	aining Units
Certification Ty	/pe Category		Class	Re	quired
OPERATOR	WASTEWATER TREATMENT		А	16	
OPERATOR	INDUSTRIAL WASTEWATER		5	30	
OPERATOR	INDUSTRIAL WASTEWATER		6	16	
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	(OVER)				



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