

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 Nun	nber: 0066	
	Please enter you're current address on the lines		Certification(s) she below will expire		
	correct the City, state and ZIP Code. Please prin	City, state and ZIP Code. Please print legibly.	The fee to renew the certificat	\$100	
			requirements by th	te or submit renewal e expiration date will	
				tional late fees as in Section V.	
I. CERTIFI	CATES TO RENEW:		uescribeu	Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WASTEWATER TF	REATMENT	5	30	
OPERATOR	WASTEWATER TF	REATMENT	Α	16	
OPERATOR	WATER TREATME	NT	4	30	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility			I provide contractual servi	ces to the Facility	
Please provide	the following information about each Facility/Pla	nt that you operate. Use ad	dtional pages as needed.		
Facility / Plant	Name	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.

- 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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This is page one of a two page form. Both pages must be completed and return			rned. O	perator Certifcation Nur	nber: 0342
•	•	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) sh below will expir	
	correct the City, state and ZIP			The fee to renew t certificat	\$50
				 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 Ca	tegory		Class	Required
OPERATOR	WA	ATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFOR	MATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you current	ly 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 addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)	
		(OVER)			



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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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	•	ease enter you're current address on the lines below and, if necessary, prrect the City, state and ZIP Code. Please print legibly.	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 d in Section V.
I. CERTIFI	CATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		6	16
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	y the Facility owner
I am currently not operating any Facility		Ij	provide contractual ser	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) NP	DES (Wastewater)	



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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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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			Operator Certification Number: 0560		
	enter you're current address on the lines below and, if ne	ecessary,	Certification(s) s below will expi		
correct the City, state and ZIP Code. Please print legibly	t the City, state and ZIP Code. Please print legibly.		The fee to renew certification	X 1 1 1 1 1	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WASTEWATER COLLECTION		2	16	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently not operating any Facility		I pr	ovide contractual serv	vices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)	
	(OVER)				



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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.			perator Certification Nu	ımber: 0643		
•	•	er you're current address on the lines below and, if necessary,		Certification(s) s below will exp	4/1//11/5	
	correct the City, state	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 Iditional late fees as d in Section V.	
I. CERTIF	ICATES TO RENI	<u>EW:</u>			Training Units	
Certification	n Type	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
OPERATOR		WATER DISTRIBUTION		1	16	
II. CURREN	NT EMPLOYMENT I	NFORMATION				
Employer's Na	ame:			Phone #:		
Number of Fa	cilities (or Plants) that you	a 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		
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Facility / Plant Name		Class 1	PDWIS (Water) NPI	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) s below will exp	
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I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	ΓEMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cu	rrently 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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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification N	umber: 0674	
•	•	er you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	, if necessary,	Certification(s) below will exp	
	correct the City, state an			The fee to renew these certifications: \$50	
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEV	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	NC	2	16
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 b	by the Facility owner
I am currently not operating any Facility		1	provide contractual ser	vices to the Facility	
Please provide	the following information o	 about each Facility/Plant that you	u operate. Use ada	ltional 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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- 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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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		
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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 Number: 0869		
•	ease enter you're current address on the lines below and, i	f necessary,	Certification(s) below will exp	4/1//11/5	
correct the City, state and ZIP Code. Please print legil			The fee to renew these certifications: \$50		
			requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICA	<u>ΓES TO RENEW:</u>			Training Units	
Certification Typ	e Category		Class	Required	
SUPERINTENDEN	T WATER DISTRIBUTION		1	7	
II. CURRENT EN	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities	(or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		Ιp	I provide contractual services to the Facility		
Please provide the fo	ollowing information about each Facility/Plant that you o	pperate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned.			ned. O	perator Certification	Number:	0872
•	Please enter you're current address on the lines below and, if necessary,	essary,	Certification(s below will ex	/	9/1/2025	
	correct the City, state and Z	City, state and ZIP Code. Please print legibly.		The fee to reno certif	ew these fications:	\$50
				Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	CATES TO RENEW:				Tra	aining Units
Certification	Туре	Category		Class		quired
OPERATOR		WASTEWATER COLLECTION		2	16	
II. CURRENT	Γ EMPLOYMENT INFO	ORMATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you curr	rently operate:		I am employed	by the Fac	ility owner
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Facility / Plant Name		Class	PDWIS (Water) N	NPDES (Wa	astewater)	



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.	cessary,	Certification(s) s below will exp		
	correct the City, state and Z			The fee to renew certific	\$50	
				Failure to complete or submit reneware requirements by the expiration date was 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 Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you curr	rently 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 ab	— out each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



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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			erator Certifcation Nu	ımber: 0882	
•	Please enter you're current address on the lines below and, if neces	ssary,	Certification(s) s below will exp		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	X 1 1 1 1 1 1	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
	CATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
OPERATOR	WASTEWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	o:		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility	I pro	ovide contractual serv	vices to the Facility	
Please provide th	ne following information about each Facility/Plant that you operate	e. Use addtior	nal pages as needed.		
Facility / Plant Na	ame	Class PI	OWIS (Water) NPI	DES (Wastewater)	
	(OVER)	· · ·			



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 exp	
	correct the City, state and ZIP C	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
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I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Cate	egory		Class	Required
TEMPORARY	IND	USTRIAL WASTEWATER		5	45
II. CURREN	T EMPLOYMENT INFORM	IATION			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently	operate:		I am employed b	y the Facility owner
I am currently r	not operating any Facility		Ιp	provide contractual ser	vices to the Facility
Please provide	the following information about e	ach Facility/Plant that you operc	ite. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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

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- I 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.			rned. C	perator Certification N	Jumber: 0939	
•	•	er you're current address on the lines below and, if necessary, e City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) below will ex		
	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. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		WASTEWATER COLLECTION		2	16	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner	
I am currently not operating any Facility		Ιj	provide contractual se	rvices to the Facility		
Please provide	the following information ab	— out each Facility/Plant that you oper	ate. Use addt	ional pages as needea	<i></i>	
Facility / Plant Name		Class	PDWIS (Water) NI	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
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- 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.			urned.	Operator Certification Number: 0978		
-	•	ase enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		
	correct the City, state and	t the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an according to the contract of t	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
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 Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner		
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility		
Please provide	the following information ab	oout each Facility/Plant that you ope	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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Name and Certification Number of
Operator in Responsible Charge:

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

This is page one of a two page form. Both pages must be completed and returned.			Operator Certification	Number: 1002
•	Please enter you're current address on the lines be		Certification(s below will e	4/1//11/5
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew these certifications: \$50	
			requirements b	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
SUPERINTENDI	ENT WATER TREATMEN	Т	1	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilit	es (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently not operating any Facility]	provide contractual s	services to the Facility
Please provide the	following information about each Facility/Plant	t that you operate. Use add	ltional pages as neede	 гd.
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	
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This is page one of a two page form. Both pages must be completed and returned. Open			ifcation Number:	10047
	Please enter you're current address on the lines below and, if necessary		ication(s) shown w will expire on:	9/1/2025
	correct the City, state and ZIP Code. Please print legibly.	The fe	The fee to renew these certifications: \$50	
		require		
I. CERTIFICA	ATES TO RENEW:			raining Units
Certification Ty	ype Category	CI		Required
OPERATOR	WATER DISTRIBUTION	1	1	6
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:		P	hone #:	
Number of Faciliti	ies (or Plants) that you currently operate:	I am er	nployed by the F	acility owner
I am currently not operating any Facility		I provide contr	ractual services to	o the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addtional pages o	as needed.	
Facility / Plant Name		Class PDWIS (Wa	ater) NPDES (V	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. Open			Operator Certification Nun	nber: 10055
	Please enter you're current address on the lines below and, if necessary,	Certification(s) she 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 renew requirements by the expiration date result in an additional late fees as described in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁻	Гуре Category		Class	Required
OPERATOR	WATER TREAT!	MENT	5AS	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by t	the Facility owner
I am currently no	ot operating any Facility		I provide contractual service	ces to the Facility
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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,	ssary,	Certification(s) s below will exp	4/1/20125	
	correct the City, state and ZIP Code. I	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 5 11
				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	Type Category	•		Class	Required
TEMPORARY	WATER D	ISTRIBUTION		1	24
II. CURREN	Γ EMPLOYMENT INFORMATION	ON			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently opera	nte:		I am employed by	y the Facility owner
I am currently n	ot operating any Facility		Ιp	rovide contractual serv	vices to the Facility
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Facility / Plant	Name		Class 1	PDWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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 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			e d. Op	Operator Certification Number: 1018		
•	•	ou're current address on the lines below and, if necessary, ty, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		
	correct the City, state and ZIP Co			The fee to renew certification	\$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	ATES TO RENEW:				Training Units	
Certification Ty	/pe Categ	ory		Class	Required	
OPERATOR	WAST	EWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMA	ATION				
Employer's Name	·			Phone #:		
Number of Facilit	ies (or Plants) that you currently o	perate:		I am employed by	y the Facility owner	
I am currently not	operating any Facility		I pı	rovide contractual serv	vices to the Facility	
Please provide the	e following information about eac	h Facility/Plant that you operate.	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.

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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 return		ned. O	Operator Certification Number: 10203			
•	•	enter you're current address on the lines below and, if necessary,	essary,	Certification(s) shown below will expire on: 9/		9/1/2025
	correct the City, state and ZIP (the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by result in an	y the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFIC	CATES TO RENEW:				Tı	raining Units
Certification 7	Type Cat	egory		Class		equired
OPERATOR	WA	STEWATER COLLECTION		2	16	3
II. CURRENT	EMPLOYMENT INFORM	IATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you currently	operate:		I am employed	by the Fa	cility owner
I am currently no	t operating any Facility		Ιp	provide contractual se	ervices to	the Facility
Please provide th	ne following information about e	ach Facility/Plant that you opera	te. Use addti	onal pages as neede	d.	
Facility / Plant Name		Class	PDWIS (Water) N	PDES (W	astewater)	



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:

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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 N	Jumber: 10348
	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and ZIP Code. Pleas	rect the City, state and ZIP Code. Please print legibly.	The fee to renev	w these cations: \$50
				olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification '	Type Category		Class	Required
OPERATOR	WATER DIST	RIBUTION	1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently no	ot operating any Facility		I provide contractual se	rvices to the Facility
Please provide t	he following information about each Facilit	y/Plant that you operate. Use ac	ddtional 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		
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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	Operator Certification Number: 10365			
	•	e current address on the lines below and, if necessary,	essary,	Certification(s) below will ex	U	/1/2025	
	correct the City, state and ZIP Co	and ZIP Code. Please print legibly.		The fee to rene certifi	w these scations:	50	
				Failure to comp requirements by result in an a	the expira	ation date will late fees as	
I. CERTIFIC	CATES TO RENEW:				Tra	ining Units	
Certification 7	Type Cate	gory		Class		juired	
OPERATOR	INDU	JSTRIAL WASTEWATER		2	0		
II. CURRENT	EMPLOYMENT INFORM	ATION					
Employer's Name	e:			Phone #:			
Number of Facili	ties (or Plants) that you currently	operate:		I am employed	by the Faci	lity owner	
I am currently no	t operating any Facility		Ιp	rovide contractual se	ervices to th	ne Facility	
Please provide th	ne following information about ea	ch Facility/Plant that you opera	te. Use addti	onal pages as needed	d.		
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (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		
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This is page one of a tv	vo page form. Both pages must be completed and retu	rned. Operator Cert	ifcation Number:	: 10532
	enter you're current address on the lines below and, if nec		ication(s) shown w will expire on:	u/1//11/5
correct the City, state and ZIP Code. Please print legib		The fe	ee to renew these certifications:	150
		require		
I. CERTIFICATES	S TO RENEW:		Т	Fraining Units
Certification Type	Category	CI	lass F	Required
TEMPORARY	WASTEWATER TREATMENT	А	2	24
TEMPORARY	WASTEWATER TREATMENT	5	2	15
II. CURRENT EMPI	LOYMENT INFORMATION			
Employer's Name:		P	hone #:	
Number of Facilities (or	Plants) that you currently operate:	I am er	mployed by the F	Facility owner
I am currently not operating any Facility		I provide contr	ractual services to	o the Facility
Please provide the follow	wing information about each Facility/Plant that you opera	ate. Use addtional pages o	as needed.	
Facility / Plant Name		Class PDWIS (Wa	ater) NPDES (V	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.			irned. O	perator Certifcation N	umber: 10547
	•	se enter you're current address on the lines below and, if necessar		Certification(s) selow will exp	
	correct the City, state and ZIP C	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	~~~~ ¢50
				 requirements by result in an ac 	lete or submit renewal the expiration date will Iditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type Cate	egory		Class	Required
OPERATOR	WA	TER DISTRIBUTION		1	16
II. CURREN	TEMPLOYMENT INFORM	IATION			
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	I provide contractual services to the Facility		
Please provide i	he following information about e	ach Facility/Plant that you oper	rate. Use addt	ional pages as needed.	
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III. CONTINUING EDUCATION:

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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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 Number	er: 10579
		arrent address on the lines below and, if necessary,	Certification(s) show below will expire o	
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew thes certification	624
			Failure to complete of requirements by the eresult in an addition described in	expiration date will onal late fees as
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMEN	Т	2	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	es (or Plants) that you currently operate:		I am employed by the	Facility owner
I am currently not operating any Facility			I provide contractual services	to the Facility
Please provide the	following information about each Facility/Plant	that you operate. Use add	dtional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPDES	(Wastewater)
				_



III. CONTINUING EDUCATION:

Page 2

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•	Please enter you're current address on the		Certificatio below wil	n(s) shown ll expire on:	9/1/2025
	correct the City, state and ZIP Code. Pleas	ry, state and ZIP Code. Please print legibly.	The fee to r	renew these	\$50
			Failure to complete or submit renewal requirements by the expiration date wi result in an additional late fees as described in Section V.		
I. CERTIFIC	ATES TO RENEW:				aining Units
Certification T	ype Category		Class		quired
OPERATOR	WASTEWATE	R COLLECTION	2	16	j
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	: _		Phone	#:	
Number of Facilit	ties (or Plants) that you currently operate:		I am employ	yed by the Fac	cility owner
I am currently not operating any Facility			I provide contractua	al services to	the Facility
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•	•	you're current address on the lines below and, if necessary, ity, state and ZIP Code. Please print legibly.	necessary,	Certification(s) below will exp	
	correct the City, state and			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		WASTEWATER COLLECTION		2	16
II. CURREN	ΓEMPLOYMENT INFO	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Facil	lities (or Plants) that you cur	rently operate:		I am employed b	by the Facility owner
I am currently n	ot operating any Facility		I	provide contractual ser	vices to the Facility
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•	•	enter you're current address on the lines below and, if necessary,		Certification below will	n(s) shown l expire on:	9/1/2025
	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 result in a	by the ex	submit renewal piration date will al late fees as ection V.
I. CERTIFIC	CATES TO RENEW:					raining Units
Certification	Type Category			Class		Required
TEMPORARY	WATER TRE	ATMENT		1	2	24
II. CURREN	TEMPLOYMENT INFORMATION	1				
Employer's Nan	e:			Phone #	#:	
Number of Facil	ities (or Plants) that you currently operate:			I am employ	ed by the F	acility owner
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Please provide i	he following information about each Faci	lity/Plant that you operate. Us	e addtio	nal pages as nee	ded.	
Facility / Plant Name		Cl	ass P	DWIS (Water)	NPDES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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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.	cessary,	Certification(s) sl below will expi	
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I. CERTIFIC	CATES TO RENEW:				Training Units
Certification 7	Гуре С	ategory		Class	Required
OPERATOR	W	ATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFOR	RMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you curren	tly operate:		I am employed by	the Facility owner
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•	Please enter you're current address on the lines below and, if	necessary,	Certification(s) si below will expi			
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I. CERTIFIC	CATES TO RENEW:		– described	n Section V.		
Certification			Class	Training Units Required		
TEMPORARY	WATER TREATMENT		4	45		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nan	ne:		Phone #:			
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner		
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
- Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
- 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.			Operator Certification	on Number: 110	21	
	Please enter you're current address on the lines below and, if necessary,		Certification below will	n(s) shown l expire on: 9/1	/2025	
	correct the City, state and ZIP Code. Pleas	rrect the City, state and ZIP Code. Please print legibly.	The fee to re	enew these rtifications: \$50	ı	
			Failure to complete or s requirements by the expi result in an additiona described in Sec		oiration date will al late fees as	
I. CERTIFI	CATES TO RENEW:				aining Units	
Certification	Type Category		Class	Requir	_	
TEMPORARY	WATER TREA	TMENT	2	24		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	me:		Phone	#:		
Number of Facilities (or Plants) that you currently operate:			I am employ	red by the Facility	owner	
I am currently not operating any Facility			I provide contractua	l services to the F	acility	
Please provide	the following information about each Facilia	ty/Plant that you operate. Use a	ddtional pages as nee	eded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastew	/ater)	



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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

- 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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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 Certifcation Nu	ımber: 11034	
	•	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.	f necessary,	Certification(s) s below will expi		
	correct the City, state an			The fee to renew these certifications: \$50		
,				requirements by t result in an ad	olete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFICATES TO RENEW:					Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY	,	INDUSTRIAL WASTEWATER		5	45	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Naı	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	provide contractual serv	vices to the Facility		
Please provide	the following information	about each Facility/Plant that you o	perate. Use addi	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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- 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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- No course can be used more than one time for any three-year renewal period.
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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	Operator Certification Nur	mber: 11052			
•	ou're current address on the lines below and, if necessary	Certification(s) sh y, below will expir			
correct the City	y, state and ZIP Code. Please print legibly.	The fee to renew to certificate	450		
		requirements by the result in an add	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
I. CERTIFICATES TO	RENEW:		Training Units		
Certification Type	Category	Class	Required		
TEMPORARY	WASTEWATER TREATMENT	А	24		
TEMPORARY	WASTEWATER TREATMENT	5	45		
II. CURRENT EMPLOYM	ENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) t	hat 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 following info	ormation about each Facility/Plant that you operate. Us	se addtional pages as needed.	_		
Facility / Plant Name		Class PDWIS (Water) NPD	ES (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		
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	ımber: 11055	
•	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	4/1//11/5	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 5 (1)	
			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 7	Гуре Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I pı	ovide contractual serv	vices to the Facility	
Please provide th	he following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class F	DWIS (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. Open			Operator Certification N	Number: 11062	
WELSH	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		
		gibly.	The fee to rene certifi	o renew these certifications: \$50	
			Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as		
I. CERTIFICATES TO RENEW:				ribed in Section V.	
Certification			Class	Training Units Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nan	me:		Phone #:		
Number of Faci	ilities (or Plants) that you currently operate:		I am employed	by the Facility owner	
I am currently n	not operating any Facility		I provide contractual se	rvices to the Facility	
Please provide	the following information about each Facility/Plant th	at you operate. Use add	dtional pages as needed	<i>l</i> .	
Facility / Plant	Name	Class	PDWIS (Water) NI	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 on	e of a two page form. Both pages must be completed and returned	l. Operator Certification N	umber: 11184	
	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		
		The fee to renew certific	450	
		requirements by result in an ac	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
	CATES TO RENEW:		Training Units	
Certification	Type Category	Class	Required	
TEMPORARY	WATER TREATMENT	3	45	
TEMPORARY	WATER TREATMENT	5AS	24	
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 no	ot operating any Facility	I provide contractual ser	vices to the Facility	
Please provide t	the following information about each Facility/Plant that you operate.	Use addtional pages as needed.		
Facility / Plant N	Name	Class PDWIS (Water) NP	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

- 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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This is page one of a two page form. Both pages must be completed and returned.			perator Certifcation Nu	mber: 11271	
	nter you're current address on the lines below and, if neces	ssary,	Certification(s) si 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. CERTIFICATES TO RENEW:				Training Units	
Certification Type	Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT EMPLO	DYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I p	I provide contractual services to the Facility		
Please provide the following	ng information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.	_	
Facility / Plant Name		Class I	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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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.			turned. (Operator Certification Number: 11301		
•	•	ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.	necessary,	Certification(s) s below will exp		
	correct the City, state and ZI			The fee to renew these certifications: \$50		
				requirements by tresult in an additional and additional additional and additional addition	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			40001100	Training Units	
Certification	Type C	ategory		Class	Required	
OPERATOR	V	ATER DISTRIBUTION		1	16	
II. CURREN	Γ EMPLOYMENT INFO	RMATION				
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		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
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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification N	umber: 11439	
LAYFIELD Please enter you're current address on the line correct the City, state and ZIP Code. Please p		rrent address on the lines below and, if necessary,	necessary,	Certification(s) below will exp	
	ZIP Code. Please print legibly.		The fee to renew certific	620	
				— requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW	<u>:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURRENT	ΓEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide t	the following information a	— bout each Facility/Plant that you o _l	oerate. Use add	tional pages as needed.	. —
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	



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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	
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	lease enter you're current address on the lines below and, if necess	Certification(s) shows below will expire or			
	orrect the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	6.24		
		Failure to complete o requirements by the ex result in an additio described in S	xpiration date will onal late fees as		
I. CERTIFICA	TES TO RENEW:		Training Units		
Certification Type	pe Category	Class	Required		
OPERATOR	WASTEWATER COLLECTION	2	16		
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:		Phone #:			
Number of Facilities (or Plants) that you currently operate:		I am employed by the	I am employed by the Facility owner		
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Please provide the j	following information about each Facility/Plant that you operate.	. Use addtional pages as needed.	_		
Facility / Plant Name		Class PDWIS (Water) NPDES	(Wastewater)		



III. CONTINUING EDUCATION:

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, rect the City, state and ZIP Code. Please print legibly.		Certification(s) below will ex		9/1/2025
	correct the City, state and			The fee to renew these certifications:		\$50
				Failure to comp requirements by result in an a describ	the expi	iration date will Il late fees as
I. CERTIFIC	CATES TO RENEW	<u>':</u>			Tr	aining Units
Certification	Туре	Category		Class	Re	equired
OPERATOR		WASTEWATER COLLECTION	N	2	16	;
II. CURREN	Γ EMPLOYMENT IN	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed	by the Fa	cility owner
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Please provide	the following information a	bout each Facility/Plant that you o	perate. Use add	tional pages as needed	d.	
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III. CONTINUING EDUCATION:

Page 2

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· · · · · · · · · · · · · · · · · · ·	•	u're current address on the lines below and, if necessary,		Certification(s) below will ex		
	correct the City, state and ZIP Cod	IP Code. Please print legibly.		The fee to renev	w these cations: \$50	
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I. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype Catego	ory		Class	Required	
OPERATOR	WASTE	EWATER COLLECTION		2	16	
II. CURRENT	EMPLOYMENT INFORMA	TION				
Employer's Name	:			Phone #:		
Number of Facilit	ies (or Plants) that you currently op	perate:		I am employed l	by the Facility owner	
I am currently not	operating any Facility		I p	rovide contractual se	rvices to the Facility	
Please provide the	e following information about each	Facility/Plant that you operat	e. Use addti	onal pages as needed	<u> </u>	
Facility / Plant Name		Class	PDWIS (Water) NI	PDES (Wastewater)		



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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 *	
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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: 11569			
PANKOWICZ Please enter you're current address correct the City, state and ZIP Co	•	enter you're current address on the lines below and, if necessary,	essary,	Certification(s) show below will expire o		4/1////5	
	IP Code. Please print legibly.		The fee to reno certif	\$50			
				requirements b result in an	y the expi	ubmit renewal ration date will I late fees as ction V.	
I. CERTIFIC	CATES TO RENEW:					raining Units	
Certification T	уре -	Category		Class		equired	
TEMPORARY	,	WASTEWATER COLLECTION		2	24	ļ	
II. CURRENT	EMPLOYMENT INFO	RMATION					
Employer's Name	e:			Phone #:			
Number of Facili	ties (or Plants) that you curr	ently operate:		I am employed	l by the Fac	cility owner	
I am currently no	t operating any Facility]	ΙĮ	provide contractual s	services to	the Facility	
Please provide th	ne following information abo	_ ut each Facility/Plant that you operd	ate. Use addt	ional pages as neede	ed.		
Facility / Plant N	ame		Class	PDWIS (Water) N	NPDES (W	astewater)	



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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This is page o	one of a two page form. Bo	th pages must be completed and retu	irned. O	perator Certification Nu	mber: 11633
•	•	e enter you're current address on the lines below and, if necessary, et the City, state and ZIP Code. Please print legibly.		Certification(s) sl below will expi	
	correct the City, state and			The fee to renew certifica	
				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	ICATES TO RENEW	7 <u> • </u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY	,	WASTEWATER COLLECTION		2	24
TEMPORARY		WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	_	Ιį	provide contractual serv	ices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			



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.		Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	150
				requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training Units
Certification 7	Туре	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		5	30
OPERATOR		WASTEWATER TREATMENT		А	16
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility		I	provide contractual serv	vices to the Facility
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Facility / Plant N	Vame		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			



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•	•	ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.	essary,	Certification(s) sh below will expin	
	correct the City, state and ZIP			The fee to renew t certificat	950
				 requirements by the result in an add 	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁷	Type Cat	egory		Class	Required
OPERATOR	WA	TER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORM	MATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you currently	y operate:		I am employed by	the Facility owner
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III. CONTINUING EDUCATION:

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•	2	're current address on the lines below and, if necessary,	if necessary,	Certification(s) below will exp		
	I ZIP Code. Please print legibly.		The fee to renew these certifications: \$50			
				— requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
	CATES TO RENEW				Training Units	
Certification	Type	Category		Class	Required	
OPERATOR		WATER TREATMENT		2	16	
II. CURREN	T EMPLOYMENT INF	FORMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner	
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•	•	you're current address on the lines below and, if necessary,		Certification(s) s below will exp	4/1//11/5	
	correct the City, state and ZIF	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 ed in Section V.	
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Certification	Type Ca	ategory		Class	Required	
TEMPORARY	W	ATER TREATMENT		5DE	24	
II. CURREN	Γ EMPLOYMENT INFOR	MATION				
Employer's Nam	ne:			Phone #:		
Number of Facil	lities (or Plants) that you curren	tly operate:		I am employed by	y the Facility owner	
I am currently no	ot operating any Facility		Ιp	provide contractual ser	vices to the Facility	
Please provide t	he following information about	each Facility/Plant that you o	perate. Use addti	onal 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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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks 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.			erator Certifcation Nu	ımber: 12533
	nter you're current address on the lines below and, if nece	essary,	Certification(s) s below will expi	
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certification	X 1100
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFICATES	TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
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 operatin	ng any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the following	ng information about each Facility/Plant that you opera	te. 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
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.	Operator Certification N	lumber: 12554
•	•	nter you're current address on the lines below and, if necessary, he City, 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. CERTIFI	CATES TO RENEW	• •			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
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
I am currently n	ot operating any Facility	_	I	provide contractual se	rvices to the Facility
Please provide	the following information a	bout each Facility/Plant that you oper	rate. Use addi	ional 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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This is page one of a two page form. Both pages must be completed and return			urned. O	perator Certifcation Nur	nber: 12555	
•	-	enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir		
	correct the City, state an	ate and ZIP Code. Please print legibly.		The fee to renew t certificat	150	
				 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	<u>7:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER COLLECTION		2	24	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	ne:			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		Ιŗ	I provide contractual services to the Facility			
Please provide	the following information of	— about each Facility/Plant that you oper	rate. Use addti	ional pages as needed.	<u> </u>	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)		
		(OVER)				



III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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Make checks payable to:	Maryland Board of Waterworks an	d Waste Systems Operators	
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This is page one of a two page form. Both pages must be completed and return			ned. O	perator Certification Num	mber: 12556
•	•	enter you're current address on the lines below and, if necessary, t the City, state and ZIP Code. Please print legibly.		Certification(s) sh below will expir	
	correct the City, state and ZIP (The fee to renew to certificate	\$50
				 requirements by the result in an add 	te or submit renewal ne expiration date will ditional late fees as in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Cat	egory		Class	Required
TEMPORARY	WA	STEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFORM	IATION			
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 e	ach Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	ES (Wastewater)	
		1,			
		(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. Open				perator Certification Number: 12557		
	Please enter you're current address on the lines below and, if necessary,	necessary,	Certification(s) s below will exp			
	correct the City, state an	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	950	
,				Failure to complete or submit renew requirements by the expiration date result in an additional late fees as described in Section V.		
I. CERTIFI	ICATES TO RENEV	<u>V:</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 Facilities (or Plants) that you currently operate:			I am employed by the Facility owner			
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					_	



III. CONTINUING EDUCATION:

Page 2

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BARTLES	Please enter you're current address on the lines below and, if necessary,		sary,	Certification(s below will ex		/2025
	correct the City, state and	correct the City, state and ZIP Code. Please print legibly.			The fee to renew these certifications: \$100	
				Failure to complete or submit renewarequirements by the expiration date we result in an additional late fees as described in Section V.		on date will e fees as
I. CERTIFICATES TO RENEW:				Traini	ng Units	
Certification	Type	Category		Class	Requi	red
TEMPORARY		WATER TREATMENT		5G	???	
TEMPORARY		WASTEWATER TREATMENT		Α	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WATER TREATMENT		4	45	
TEMPORARY		INDUSTRIAL WASTEWATER		2	0	
TEMPORARY		WASTEWATER TREATMENT		6	24	
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 not operating any Facility		I pr	ovide contractual s	ervices to the F	acility	
Please provide	the following information a	— bout each Facility/Plant that you operate	. Use addtio	nal pages as neede	ed.	
Facility / Plant	Name		Class P	DWIS (Water) N	PDES (Wastev	vater)



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.
- 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 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.			erator Certifcation Nur	mber: 12559
	Please enter you're current address on the lines below and, if necessar	ecessary,	Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew t certificat	4511
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFIC	CATES 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 Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I pro	ovide contractual servi	ces to the Facility
Please provide	the following information about each Facility/Plant that you open	rate. Use addtio	nal pages as needed.	
Facility / Plant 1	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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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 on	e of a two page form. Both pages must be completed and ret	t urned. Ope	erator Certification Nu	ımber: 12560
2	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	(51)
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as
I. CERTIFIC	CATES TO RENEW:		describe	d in Section V.
Certification ⁷			Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I pro	ovide contractual serv	vices to the Facility
Please provide t	he following information about each Facility/Plant that you ope	erate. Use addtion	nal pages as needed.	_
Facility / Plant N	Vame	Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			<u> </u>



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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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	perator Certifcation N	umber: 12562
•	•	you're current address on the lines below and, if necessary,		Certification(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
			 requirements by result in an ac 	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification	Type Categ	jory		Class	Required
TEMPORARY	INDU	STRIAL WASTEWATER		5	45
II. CURREN	T EMPLOYMENT INFORMA	ATION			
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed b	y the Facility owner	
I am currently not operating any Facility		Ιp	provide contractual ser	vices to the Facility	
Please provide t	he following information about eac	h Facility/Plant that you opera	te. Use addti	onal 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

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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	e of a two page form. Both pages must be completed and return	ned. Operator Certification	on Number: 12563
•	Please enter you're current address on the lines below and, if neces	Certification essary, below wil	n(s) shown l expire on: 9/1/2025
	correct the City, state and ZIP Code. Please print legibly.	The fee to re	enew these rtifications: \$50
		requirements result in a	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
	CATES TO RENEW:		Training Units
Certification T	ype Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	e:	Phone	#:
Number of Facili	ties (or Plants) that you currently operate:	I am employ	red by the Facility owner
I am currently not operating any Facility		I provide contractua	al services to the Facility
Please provide th	ne following information about each Facility/Plant that you operat	te. Use addtional pages as nee	eded.
Facility / Plant Na	ame	Class PDWIS (Water)	NPDES (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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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	
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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: 12564		
•	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and Zi	the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				Failure to complete or submit renews 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	Туре	Category		Class	Required	
TEMPORARY	V	VASTEWATER TREATMENT		5	45	
II. CURREN	T EMPLOYMENT INFO	RMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you curre	ntly operate:		I am employed by	y the Facility owner	
I am currently n	not operating any Facility		Ιj	provide contractual ser	vices to the Facility	
Please provide	the following information abou	ut 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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* 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: 12565		
•	•	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) below will ex	4/1//11/5	
	correct the City, state and			The fee to rene certifi	w these scations: \$50	
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as sed in Section V.	
I. CERTIFI	ICATES TO RENEW	<u>7:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		Α	24	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cu	urrently operate:		I am employed	by the Facility owner	
I am currently i	not operating any Facility		Ij	provide contractual se	ervices to the Facility	
Please provide	the following information a	bout each Facility/Plant that you op	erate. Use addt	ional pages as needed	d	
Facility / Plant	Name		Class	PDWIS (Water) N	PDES (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.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

- 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	
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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: 12570		
•	•	enter you're current address on the lines below and, if necessary,		Certification(s) below will exp		
	correct the City, state and ZI	y, 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. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type C	ategory		Class	Required	
TEMPORARY	V	/ASTEWATER TREATMENT		5	45	
II. CURREN	Γ EMPLOYMENT INFO	RMATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you curren	ntly operate:		I am employed b	by the Facility owner	
I am currently n	ot operating any Facility	<u>—</u>	Ιŗ	provide contractual se	rvices to the Facility	
Please provide	the following information abou	t each Facility/Plant that you oper	ate. Use addti	ional pages as needed	<u></u>	
Facility / Plant Name		Class	PDWIS (Water) NF	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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- 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 Nu	mber: 12571		
-	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi		
	correct the City, state and	et the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$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	<u>'.</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		5	45	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner	
I am currently 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 op	erate. Use addı	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:

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.			ed. Op	Operator Certification Number: 12572		
OROVICH Please	Please enter you're current address on the lines below and, if necessary,		sary,	Certification(s) selow will exp		
	correct the City, state and ZIP Code	rect the City, 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 result in an additional late fees as described in Section V.			
I. CERTIFI	CATES TO RENEW:			37 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	Training Units	
Certification	Type Catego	γ		Class	Required	
TEMPORARY	WATER	TREATMENT		3	45	
II. CURREN	T EMPLOYMENT INFORMAT	ION				
Employer's Nar	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		I pı	ovide contractual ser	vices to the Facility		
Please provide	the following information about each I	Facility/Plant that you operate.	Use addtio	nal pages as needed.		
Facility / Plant Name			Class F	DWIS (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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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 Num	ıber: 12574
	Please enter you're current address on the lines below and, if necessary		Certification(s) sho below will expire	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	X 1 () ()
			- requirements by the result in an addi	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	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 t	he Facility owner
I am currently not operating any Facility		Ιp	rovide contractual service	es to the Facility
Please provide	the following information about each Facility/Plant that you op	perate. Use addtio	onal pages as needed.	
Facility / Plant 1	Name	Class 1	PDWIS (Water) NPDE	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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This is page o	ne of a two page form. Both pages must be completed and return	ed. Operator Certification Number	: 12575
•	Please enter you're current address on the lines below and, if neces	Certification(s) shown below will expire on	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	V 5 1 1
		Failure to complete or requirements by the execution an addition described in S	xpiration date will nal late fees as
	ICATES TO RENEW:		Training Units
Certification	Type Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24
II. CURREN	T EMPLOYMENT INFORMATION		
Employer's Nar	me:	Phone #:	
Number of Fac	ilities (or Plants) that you currently operate:	I am employed by the	Facility owner
I am currently not operating any Facility		I provide contractual services	to the Facility
Please provide	the following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant	Name	Class PDWIS (Water) NPDES (Wastewater)
	(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 returned.			perator Certification N	Jumber: 12576	
	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) below will ex	
	correct the City, state and ZI	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. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type C	ategory		Class	Required
TEMPORARY	V	ASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFO	RMATION			
Employer's Nan	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed b	by the Facility owner	
I am currently not operating any Facility		ΙĮ	provide contractual se	rvices to the Facility	
Please provide	the following information abou	t each Facility/Plant that you opera	te. Use addti	ional pages as needea	1.
Facility / Plant Name		Class	PDWIS (Water) NF	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
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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
- 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	
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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.			turned. C	Operator Certification Number: 1257		
•	•	enter you're current address on the lines below and, if necessary		Certification(s) s below will exp	4/1//11/5	
	correct the City, state and ZIP	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 Ca	tegory		Class	Required	
TEMPORARY	WA	ATER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INFOR	MATION				
Employer's Nar	ne:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner		
I am currently not operating any Facility		Ι ₁	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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- 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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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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-	•	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 ar			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	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	Туре	Category		Class	Required
TEMPORARY	,	WATER TREATMENT		2	24
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Naı	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	provide contractual serv	vices to the Facility	
Please provide	the following information	— about each Facility/Plant that you o	operate. Use addt	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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Name and 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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		u're current address on the lines below and, if necessary		Certification(s) s below will expi	
	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 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		WASTEWATER TREATMENT		5	45
TEMPORARY		WASTEWATER TREATMENT		А	24
II. CURREN	ΓEMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		Ij	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.	
Facility / Plant 1	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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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			tion Number: 12581
	Please enter you're current address on the lines below and, if necessity		on(s) shown ill expire on: 9/1/2025
	correct the City, state and ZIP Code. Please print legibly.		renew these ertifications: \$100
			complete or submit renewal
		result in	an additional late fees as scribed in Section V.
I. CERTIFI	CATES TO RENEW:	uc	
Certification		Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
TEMPORARY	WATER TREATMENT	2	24
II. CURREN	Γ EMPLOYMENT INFORMATION		
Employer's Nan	ne:	Phone	e#:
Number of Faci	lities (or Plants) that you currently operate:	I am emplo	yed by the Facility owner
I am currently n	ot operating any Facility	I provide contractu	al services to the Facility
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Facility / Plant I	Name	Class PDWIS (Water)	NPDES (Wastewater)
	(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 o	one of a two page form. Bo	th pages must be completed and	returned. O	perator Certifcation Nu	mber: 12582
MCNARY	Please enter you're current address on the lines below and, if necessar correct the City, state and ZIP Code. Please print legibly.		if necessary,	Certification(s) sl below will expi	4/1//11/5
				The fee to renew certifica	150
				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	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
TEMPORARY	,	WASTEWATER TREATMENT	-	Α	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		I I	provide contractual serv	ices to the Facility
Please provide	the following information of	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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- 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 mu	ist be completed and returned.	Operator Certification Nu	mber: 12584	
SIMMS	Please enter you're current address on the lines below and, if neces	•	Certification(s) s below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	XIIII	
			requirements by t	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.	
	ICATES TO RENEW:			Training Units	
Certification	n Type Categor	У	Class	Required	
TEMPORAR'	Y WASTEV	VATER COLLECTION	2	24	
TEMPORAR'	Y WATER [DISTRIBUTION	1	24	
II. CURREN	NT EMPLOYMENT INFORMATI	ON			
Employer's Na	ame:		Phone #:		
Number of Fa	cilities (or Plants) that you currently oper	ate:	I am employed by	the Facility owner	
I am currently	not operating any Facility		I provide contractual serv	vices to the Facility	
Please provide	e the following information about each F	acility/Plant that you operate. Use	addtional pages as needed.		
Facility / Plan	t Name	Cla	ss PDWIS (Water) NPI	DES (Wastewater)	
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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

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- For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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 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 Nu	mber: 12585	
		ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) sl below will expir	
	correct the City, state and			The fee to renew certifica	620
				— 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 ⁷	Type	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		5	45
II. CURRENT	TEMPLOYMENT INF	ORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I	provide contractual serv	ices to the Facility	
Please provide t	he following information a	— bout each Facility/Plant that you op	erate. Use addi	tional pages as needed.	
Facility / Plant Name		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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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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- Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks 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	of a two page form. Both pages must be completed and return	ned. Operator Certification Num	ıber: 12586
	Please enter you're current address on the lines below and, if neces	Certification(s) sho below will expire	
correct the City, state and ZIP Code. Please print legibly.	correct the City, state and ZIP Code. Please print legibly.	The fee to renew the certification	(51)
		requirements by the result in an add	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units
Certification Ty	pe Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT I	EMPLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:	I am employed by t	he Facility owner
I am currently not operating any Facility		I provide contractual service	ces to the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant Nar	me	Class PDWIS (Water) NPDF	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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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. O	perator Certification Nu	mber: 12587
•	•	se enter you're current address on the lines below and, if necessary		Certification(s) s below will expi	4/1//11/5
	correct the City, state and ZIP C	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 5 11
			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:			described	Training Units
Certification	Type Cate	egory		Class	Required
TEMPORARY	WA	TER DISTRIBUTION		1	24
II. CURREN	Γ EMPLOYMENT INFORM	IATION			
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		ΙĮ	provide contractual serv	vices to the Facility	
Please provide	the following information about ed	ach Facility/Plant that you ope	erate. Use addti	ional pages as needed.	_
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	

(OVER)



III. CONTINUING EDUCATION:

Page 2

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Name and 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. Ope			erator Certifcation Nu	mber: 12588	
	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	CIAM	
			requirements by t	ete or submit renewal he expiration date will	
				ditional late fees as	
I. CERTIFI	ICATES TO RENEW:		- described	ibed in Section V. Training Units	
Certification			Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Naı	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 pr	ovide contractual serv	rices to the Facility	
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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
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.			rned. O	perator Certifcation Nu	ımber: 12589
		er you're current address on the lines below and, if necessary		Certification(s) s below will exp	
	correct the City, state and	state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	<u>CATES TO RENEW</u>				Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER TREATMENT		Α	24
TEMPORARY		WASTEWATER TREATMENT		5	45
II. CURREN	ΓEMPLOYMENT 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		Ιp	provide contractual serv	vices to the Facility
Please provide	the following information a	oout each Facility/Plant that you oper	ate. Use addti	ional pages as needed.	
Facility / Plant 1	Name		Class	PDWIS (Water) NPI	DES (Wastewater)

(OVER)



III. CONTINUING EDUCATION:

Page 2

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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

Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks 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 or	ne of a two page form. Both pages must be completed and return	ned. Operator Certification Nu	mber: 12590
•	Please enter you're current address on the lines below and, if neces	Certification(s) s ssary, below will expi	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renew certification	4511
		requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:		Training Units
Certification	Type Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURREN	T EMPLOYMENT INFORMATION		
Employer's Nan	ne:	Phone #:	
Number of Faci	lities (or Plants) that you currently operate:	I am employed by	the Facility owner
I am currently not operating any Facility		I provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate	e. Use addtional pages as needed.	
Facility / Plant	Name	Class PDWIS (Water) NPI	DES (Wastewater)
	(OVER)		



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.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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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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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.				Operator Certifcation Nu	ımber: 12592
•	•	ease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and	the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
				requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁻	Туре	Category		Class	Required
TEMPORARY		INDUSTRIAL WASTEWATER		2	0
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		I	provide contractual serv	vices to the Facility	
Please provide t	he following information ab	— out each Facility/Plant that you ope	rate. Use addi	tional 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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This is page one of a two page form. Both pages must be completed and returned. Op			rtifcation Number	12597	
	Please enter you're current address on the lines below and,		fication(s) shown ow will expire on:		
	correct the City, state and ZIP Code. Please print legibly.	The f	Fee to renew these certifications:	\$ 100	
				submit renewal	
			ements by the exult in an addition described in S		
I. CERTIFI	ICATES TO RENEW:			Fraining Units	
Certification	Type Category			Required	
TEMPORARY	WATER TREATMENT	2		24	
TEMPORARY	WASTEWATER TREATMENT	5	. 4	45	
TEMPORARY	WASTEWATER TREATMENT	T A	. 2	24	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Nar	me:	_ 1	Phone #:		
Number of Fac	cilities (or Plants) that you currently operate:	I am e	employed by the F	Facility owner	
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Please provide	the following information about each Facility/Plant that you	operate. Use addtional pages	as needed.		
Facility / Plant Name		Class PDWIS (W	Vater) NPDES (Wastewater)	
	Kovm	T			
	(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.				perator Certification Nu	mber: 12598
	Please enter you're current address on the lines below and, if necessar		ecessary,	Certification(s) sh below will expir	
	correct the City, state and 2	ne City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	£100
					te or submit renewal ne expiration date will
				result in an add	litional late fees as
I. CERTIF	ICATES TO RENEW:			uescribeu	Training Units
Certification		Category		Class	Required
TEMPORARY	,	WATER TREATMENT		3	45
TEMPORARY	/	WASTEWATER TREATMENT		5	45
TEMPORARY	′	WASTEWATER TREATMENT		Α	24
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you curr	ently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I p	rovide contractual servi	ices to the Facility
Please provide	the following information abo	out each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant	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	
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This is page or	ne of a two page form. Both pages must be completed and re	eturned. Op	erator Certifcation Nu	mber: 12599
	Please enter you're current address on the lines below and, if necessar		Certification(s) sl below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	£100
				ete or submit renewal ne expiration date will
			result in an add	ditional late fees as in Section V.
I. CERTIFI	CATES TO RENEW:		- described	Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant Name		Class I	PDWIS (Water) NPD	ES (Wastewater)
	(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			ned. O _j	Operator Certification Number: 12600		
	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) selow will exp		
	correct the City, state and ZIP Cod	ect 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:				Training Units	
Certification ¹	Type Catego	ory		Class	Required	
TEMPORARY	INDUS	TRIAL WASTEWATER		7	24	
II. CURRENT	EMPLOYMENT INFORMA	ΓΙΟΝ				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you currently op	erate:		I am employed b	y the Facility owner	
I am currently not operating any Facility		I p	rovide contractual ser	vices to the Facility		
Please provide t	he following information about each	Facility/Plant that you operate	e. Use addti	onal pages as needed.		
Facility / Plant Name			Class	PDWIS (Water) NP	DES (Wastewater)	

(OVER)



III. CONTINUING EDUCATION:

Page 2

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- 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.			Operator Certification	on Number: 12601		
•	Please enter you're current address on the lin		Certification below will	n(s) shown expire on: 9/1/2025	5	
	correct the City, state and ZIP Code. Please	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			
I. CERTIFI	CATES TO RENEW:		— desc	ribed in Section V. Training Uni		
Certification			Class	Required	11.5	
TEMPORARY	WATER TREATI	MENT	3	45		
II. CURREN	T EMPLOYMENT INFORMATION					
Employer's Nar	me:		Phone #	<i>‡</i> :		
Number of Fac	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	l services to the Facility		
Please provide	the following information about each Facility/	Plant that you operate. Use ad	dtional pages as nee	ded.		
Facility / Plant Name		Class	PDWIS (Water)	NPDES (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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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.			perator Certifcation Nun	nber: 12602
	lease enter you're current address on the lines below and, if necessar		Certification(s) she below will expire	
	correct the City, state and ZIP Code. Please print leg	ribly.	The fee to renew the certificate	C I MM
			 requirements by th result in an add 	e or submit renewal e expiration date will itional late fees as in Section V.
I. CERTIFI	CATES TO RENEW:		described	Training Units
Certification			Class	Required
TEMPORARY	WASTEWATER TREAT	MENT	5	45
TEMPORARY	WASTEWATER TREAT	MENT	А	24
TEMPORARY	WATER TREATMENT		3	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by t	he Facility owner
I am currently n	not operating any Facility	Ιp	provide contractual servi	ces to the Facility
Please provide	the following information about each Facility/Plant th	at you operate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPDI	ES (Wastewater)
	O	VER)		



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. Ope			rator Certifcation N	umber: 12603	
	Please enter you're current address on the lines below and, if ned	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 dat result in an additional late fees a described in Section V.		
I. CERTIFI	CATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
TEMPORARY	WASTEWATER COLLECTION		2	24	
TEMPORARY	WATER TREATMENT		2	24	
TEMPORARY	WASTEWATER TREATMENT		3	45	
II. CURREN	Γ EMPLOYMENT INFORMATION				
Employer's Nan	ne:		Phone #:		
Number of Faci	lities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently n	ot operating any Facility	I pro	vide contractual ser	vices to the Facility	
Please provide i	the following information about each Facility/Plant that you oper	ate. Use addtion	al pages as needed.		
Facility / Plant 1	Name	Class PI	OWIS (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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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. Ope			Operator Certification Number	er: 12607
	Please enter you're current address on the lines belo		Certification(s) show below will expire o	
	correct the City, state and ZIP Code. Please print le	egibly.	The fee to renew thes certification	\$ 1000
			Failure to complete	
			 requirements by the e result in an addition described in 	onal late fees as
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
TEMPORARY	/ WATER TREATMENT		4	45
TEMPORARY	WASTEWATER TREA	TMENT	5	45
TEMPORARY	WASTEWATER TREA	TMENT	Α	24
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by the	Facility owner
I am currently	not operating any Facility	Ι	provide contractual services	to the Facility
Please provide	e the following information about each Facility/Plant t	hat you operate. Use add	tional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPDES	(Wastewater)
	lve	(VED)		_
)((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	
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This is page one of a two page form. Both pages must be completed and returned. Ope			erator Certification	Number:	12608	
RAMSEY		r you're current address on the lines below and, if necessary		Certification(s below will ex		9/1/2025
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	ew these fications:	\$100	
				requirements b	y the expi	submit renewal iration date will al late fees as ction V.
I. CERTIFI	ICATES TO RENEW	<u>:</u>			Tr	aining Units
Certification	Туре	Category		Class	Re	equired
TEMPORARY	,	WASTEWATER TREATMENT		Α	24	ļ
TEMPORARY	•	INDUSTRIAL WASTEWATER		2	0	
TEMPORARY	,	WATER TREATMENT		4	45	5
TEMPORARY	,	WASTEWATER TREATMENT		5	45	5
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Na	me:			Phone #:		
Number of Fac	cilities (or Plants) that you cu	rently operate:		I am employed	by the Fa	cility owner
I am currently	not operating any Facility		I pr	ovide contractual s	ervices to	the Facility
Please provide	the following information al	 pout each Facility/Plant that you operate	e. Use addtio	nal pages as neede	ed.	
Facility / Plant	Name		Class P	DWIS (Water) N	IPDES (W	'astewater)
		(OVER)				
		(UVEK)				



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			Operator Certification	Number: 1364	
	Please enter you're current address on the lines below and, if necessary,		Certification(below will		
	correct the City, state and ZIP Code. Please print legibly.		The fee to rer	new these fications: \$50	
			Failure to complete or submit renewal requirements by the expiration date will		
				additional late fees as ibed in Section V.	
I. CERTIFIC	CATES TO RENEW:		40001	Training Units	
Certification 1	Гуре Category		Class	Required	
OPERATOR	WATER DISTRIBUTIO	N	1	16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employe	d by the Facility owner	
I am currently not operating any Facility			I provide contractual services to the Facility		
Please provide th	he following information about each Facility/Plant th	at you operate. Use add	dtional pages as need	ed.	
Facility / Plant N	ame	Class	PDWIS (Water)	NPDES (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

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	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 of	one of a two page form. Bo	oth pages must be completed and r	eturned. (Operator Certifcation Nur	mber: 1425
TRIMBLE	Please enter you're current address on the lines below and, if necessa	necessary,	Certification(s) sh below will expir		
	correct the City, state an	correct the City, state and ZIP Code. Please print legibly.		The fee to renew t certificat	XIOO
				Failure to complete or submit renewa requirements by the expiration date we result in an additional late fees as described in Section V.	
	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	Type	Category		Class	Required
SUPERINTEN	NDENT	WATER TREATMENT		4	7
OPERATOR		WATER TREATMENT		4	30
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 servi	ices to the Facility
Please provide	the following information	about each Facility/Plant that you o	perate. Use add	tional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			



III. CONTINUING EDUCATION:

Page 2

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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.			Operator Certification	n Number: 1467	7
	•	ase enter you're current address on the lines below and, if necessary, rect the City, state and ZIP Code. Please print legibly.	Certification below will	· u/I/	/2025
	correct the City, state and ZIP Code. Plea		The fee to recent	new these sifications: \$50	
			requirements result in a	omplete or submit renewal by the expiration date wil n additional late fees as ribed in Section V.	
I. CERTIFIC	CATES TO RENEW:		-	Trainin	
Certification 7	Гуре Category		Class	Require	_
OPERATOR	WATER TRE	ATMENT	4	30	
II. CURRENT	EMPLOYMENT INFORMATION	I			
Employer's Nam	e:		Phone #	:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility			I provide contractual	services to the Fa	cility
Please provide ti	he following information about each Facil	ity/Plant that you operate. Use ac	ldtional pages as need	led.	
Facility / Plant Name		Class	PDWIS (Water)	NPDES (Wastewa	ater)



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned. Open			perator Certifcation Nur	mber: 1509
	Please enter you're current address on the lines be		Certification(s) she below will expire	4/1//11/5
	correct the City, state and ZIP Code. Please print	legibly.	The fee to renew the certificat	& 17171
				te or submit renewal
			result in an add	e expiration date will litional late fees as in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTI	ON	1	16
TEMPORARY	WASTEWATER TRE	ATMENT	5	45
TEMPORARY	WASTEWATER TRE	ATMENT	Α	24
II. CURREN	Γ 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	Ij	provide contractual servi	ces to the Facility
Please provide i	the following information about each Facility/Plant	that you operate. Use addt	ional pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NPD	ES (Wastewater)
		OVER)		



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		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) sl below will expi	
	correct the City, state an			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	<u>/:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		INDUSTRIAL WASTEWATER		2	0
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Name:		Phone #:			
Number of Facilities (or Plants) that you currently operate:			I am employed by	the Facility owner	
I am currently not operating any Facility		I provide contractual services to the Facility			
Please provide	the following information of	ubout each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPD	DES (Wastewater)	
		(OVER)			



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This is page one of a two page form. Both pages must be completed and returned.			Operator Certification Number: 2131		
•	vou're current address on the lines below and, if necess	sary,	Certification(s) below will ex		
correct the City, state and ZIP Code. Please print legibly.			The fee to rene certif	w these ications: \$100	
			requirements by result in an	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	
OPERATOR	WASTEWATER COLLECTION		2	16	
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	
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	-	se enter you're current address on the lines below and, if necessary, ect the City, state and ZIP Code. Please print legibly.		Certification(s) s below will exp		
	correct the City, state an			The fee to renew certific	\$50	
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Certification	Type	Category		Class	Required	
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Number of Fac	ilities (or Plants) that you co	urrently operate:		I am employed by	y the Facility owner	
I am currently r	not operating any Facility		I	provide contractual ser	vices to the Facility	
Please provide	the following information of	about each Facility/Plant that you	operate. Use add	tional 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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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 o	one of a two page form. Bo	oth pages must be completed ar	d returned.	Operator Certification N	umber: 2308
<u> </u>	3	re current address on the lines below and, if necessary, state and ZIP Code. Please print legibly.		Certification(s) below will exp	4/1/20125
	correct the City, state ar			The fee to renew certific	150
				— requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	ICATES TO RENEV	<u>V:</u>			Training Units
Certification	Туре	Category		Class	Required
OPERATOR		WASTEWATER TREATMEN	NT	Α	16
OPERATOR		WASTEWATER TREATMEN	NT	5	30
II. CURREN	T EMPLOYMENT IN	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you o	currently operate:		I am employed b	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 yo	u operate. Use ada	tional 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 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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This is page o	ne of a two page form. Botl	n pages must be completed and return	ned. Ope	erator Certifcation 1	Number:	2317
•	•	u're current address on the lines below and, if necessary, s, state and ZIP Code. Please print legibly.		Certification(s) below will ex		9/1/2025
	correct the City, state and			The fee to rene certifi	ew these ications:	\$100
				Failure to com		
				result in an	rements by the expiration date wil sult in an additional late fees as	
CEDTIE	CATECTO DENEM			- describ	bed in Sec	tion V.
	CATES TO RENEW:					aining Units
Certification	Type	Category		Class	Re	quired
TEMPORARY		WASTEWATER TREATMENT		Α	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
OPERATOR		WATER TREATMENT		3	30	
TEMPORARY		WASTEWATER COLLECTION		2	24	
II. CURREN	T EMPLOYMENT INF	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Fac	ilities (or Plants) that you cur	rently operate:		I am employed	by the Fac	cility owner
I am currently r	not operating any Facility		I pro	ovide contractual se	ervices to	the Facility
Please provide	the following information ab	out each Facility/Plant that you operat	te. Use addtio	nal pages as neede	ed.	
Facility / Plant	Name		Class Pl	DWIS (Water) N	PDES (W	astewater)



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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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: 2335		
	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) below will exp	
	correct the City, state and	ct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
				requirements by result in an ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW	<u>.</u> <u>.</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	llities (or Plants) that you cu	rrently operate:		I am employed b	y the Facility owner
I am currently n	not operating any Facility		I	provide contractual ser	vices to the Facility
Please provide	the following information al	oout each Facility/Plant that you op	erate. Use add	tional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)	
-					



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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	
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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: 2369		
ENGLAR, JR. Please enter you're current address on the lines belocorrect the City, state and ZIP Code. Please print le	•	· · · · · · · · · · · · · · · · · · ·	cessary,	Certification(s) s below will exp		
	de. 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. CERTIFIC	ATES TO RENEW:				Training Units	
Certification T	ype Cate	jory		Class	Required	
OPERATOR	WATE	ER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMA	ATION				
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		Ιp	provide contractual ser	vices to the Facility	
Please provide th	e following information about eac	ch Facility/Plant that you oper	ate. Use addti	onal pages as needed.		
Facility / Plant Name		Class	PDWIS (Water) NP	DES (Wastewater)		



III. CONTINUING EDUCATION:

Page 2

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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 2485		
	Please enter 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 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:		46561166	Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER DISTRIBUTION		1	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	:		Phone #:		
Number of Facilit	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
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This is page one of a two page form. Both pages must be completed and returned			turned. C	Operator Certification Number: 2501		
•	•	se enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp		
	correct the City, state and ZIP C	t the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Type Cate	gory		Class	Required	
TEMPORARY	WAT	ER DISTRIBUTION		1	24	
II. CURREN	T EMPLOYMENT INFORM	ATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently	operate:		I am employed by	y the Facility owner	
I am currently n	not operating any Facility		Ij	provide contractual serv	vices to the Facility	
Please provide	the following information about ea	nch 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

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.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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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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•	•	ter you're current address on the lines below and, if necessary, e City, 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 ac	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	CATES TO RENEW:				Training Units	
Certification	Туре	Category		Class	Required	
OPERATOR		INDUSTRIAL WASTEWATER		2	0	
II. CURREN	T EMPLOYMENT INFO	ORMATION				
Employer's Nar	me:			Phone #:		
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed b	y the Facility owner	
I am currently r	not operating any Facility		Ij	provide contractual ser	vices to the Facility	
Please provide	the following information ab	— out 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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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,		essary,	Certification(s) s below will exp		
	correct the City, state and ZIP	prrect 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:				Training Units	
Certification	Type Ca	tegory		Class	Required	
TEMPORARY	W	ASTEWATER TREATMENT		5	45	
II. CURREN	ΓEMPLOYMENT INFOR	MATION				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you current	ly operate:		I am employed by	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	each Facility/Plant that you opera	ıte. Use addtı	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 or	ne of a two page form. Bot	h pages must be completed and ret	urned. O	perator Certifcation Nu	ımber: 2704
		current address on the lines below and, if necessary		Certification(s) s below will expi	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica	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	Γ EMPLOYMENT INF	ORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you cu	rrently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility		Ιį	provide contractual serv	vices to the Facility
Please provide	the following information a	oout each Facility/Plant that you ope	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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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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•	•	nter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. I	City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Category	•		Class	Required
OPERATOR	WATER D	ISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMATION	ON			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently opera	ite:		I am employed by	the Facility owner
I am currently not operating any Facility			Ιp	provide contractual serv	vices to the Facility
Please provide	the following information about each Fo	acility/Plant that you operate	. Use addti	ional 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.			r Certifcation Nu	ımber: 2840
•	te enter you're current address on the lines below and, if neo		Certification(s) s below will expi	4/1//11/5
	ct the City, state and ZIP Code. Please print legibly.	Г	The fee to renew certification	150
			quirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATE	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
II. CURRENT EMP	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (o	r Plants) that you currently operate:	I	am employed by	the Facility owner
I am currently not opera	ating any Facility	I provide	contractual serv	vices to the Facility
Please provide the follo	owing information about each Facility/Plant that you oper	ate. Use addtional p	ages as needed.	
Facility / Plant Name		Class PDWI	S (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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* 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 Certification Number: 2947		
HODGKINS	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	cessary,	Certification(s) si below will expi		
			The fee to renew certification	950	
			Failure to complete or submit renewate requirements by the expiration date we result in an additional late fees as described in Section V.		
I. CERTIFIC	CATES TO RENEW:		- described	Training Units	
Certification ¹	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 by	the Facility owner	
I am currently no	ot operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide t	he following information about each Facility/Plant that you oper	ate. Use addtio	onal pages as needed.		
Facility / Plant N	Name	Class I	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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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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Applicant's Signature		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.			Operator Certification Number: 2952		
	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) si below will expi		
			The fee to renew certification	\$50	
			Failure to complete or submit rene requirements by the expiration date result in an additional late fees a described in Section V.		
I. CERTIFIC	CATES TO RENEW:		described	Training Units	
Certification 7	Type Category		Class	Required	
OPERATOR	WATER TREATMENT		4	30	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:		Phone #:		
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility	Ιp	rovide contractual serv	rices to the Facility	
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Facility / Plant N	Jame	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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•	•	r you're current address on the lines below and, if necessary, City, state and ZIP Code. Please print legibly.	necessary,	Certification(s) sl below will expi	
	correct the City, state and Z			The fee to renew these certifications: \$50	
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW:				Training Units
Certification ⁻	Гуре	Category		Class	Required
OPERATOR	\	WATER TREATMENT		1	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]	ΙĮ	provide contractual serv	rices to the Facility
Please provide to	he following information abo	- ut each Facility/Plant that you op	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:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 3066			
•	Please enter you're current address on the lines be		Certification below will			
	correct the City, state and ZIP Code. Please print	legibly.	The fee to recent	new these tifications: \$50		
			requirements result in a	mplete or submit renewal by the expiration date will n additional late fees as ribed in Section V.		
I. CERTIFI	CATES TO RENEW:		uesei	Training Units		
Certification	Type Category		Class	Required		
TEMPORARY	WATER TREATMEN	Т	4	45		
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 Facility owner		
I am currently r	not operating any Facility		I provide contractual	services to the Facility		
Please provide	the following information about each Facility/Plant	that you operate. Use add	dtional pages as need	ded.		
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:

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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•	•	current address on the lines below and, if necessary, te and ZIP Code. Please print legibly.	essary,	Certification(s) below will exp	
	correct the City, state and ZIP Co			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 ¹	Type Categ	jory		Class	Required
OPERATOR	WAST	TEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFORMA	ATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you currently of	operate:		I am employed b	by the Facility owner
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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 return			d. Operator Certification Number: 3094			
· · · · · · · · · · · · · · · · · · ·	•	e current address on the lines below and, if necessary,		Certification(below will		9/1/2025
	correct the City, state and ZIP Code. I	ZIP Code. Please print legibly.		The fee to renew these certifications: \$50		
				requirements l result in an	by the exp	submit renewal piration date will al late fees as
I. CERTIFI	CATES TO RENEW:			uesei		raining Units
Certification	Type Category			Class		equired
OPERATOR	WATER T	REATMENT		4	3	0
II. CURREN	Γ EMPLOYMENT INFORMATIO	ON				
Employer's Nan	ne:			Phone #:		
Number of Faci	lities (or Plants) that you currently opera	te:		I am employe	d by the F	acility owner
I am currently n	ot operating any Facility	<u> </u>	I pr	ovide contractual	services to	the Facility
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Facility / Plant Name		C	class P	DWIS (Water)	NPDES (V	Vastewater)



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	
* 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	umber: 3097	
· · · · · · · · · · · · · · · · · · ·	enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp		
	t 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 Iditional late fees as d in Section V.	
I. CERTIFICATES	S TO RENEW:			Training Units	
Certification Type	Category		Class	Required	
SUPERINTENDENT	WASTEWATER COLLECTION		2	7	
II. CURRENT EMPI	LOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner	
I am currently not operating any Facility		Ιŗ	provide contractual ser	vices to the Facility	
Please provide the follow	wing information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	_	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)	



III. CONTINUING EDUCATION:

Page 2

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

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- Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application. Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

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- 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	
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This is page one of a two page form. Both pages must be completed and returned.			turned. C	perator Certification Nu	ımber: 3124
	-	nter you're current address on the lines below and, if necessary, he City, state and ZIP Code. Please print legibly.	ecessary,	Certification(s) s below will exp	
	correct the City, state and			The fee to renew certification	\$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	<u>:</u>			Training Units
Certification 7	Туре	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		S	16
II. CURRENT	EMPLOYMENT INF	ORMATION			
Employer's Nam	e:			Phone #:	
Number of Facilities (or Plants) that you currently operate:			I am employed by the Facility owner		
I am currently not operating any Facility		Ij	provide contractual ser	vices to the Facility	
Please provide ti	he following information a	— bout 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:

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•	lease enter you're current address on the lines below and	, if necessary,	Certification(s) s below will exp	4/1//11/5	
	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50	
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFICA	TES TO RENEW:			Training Units	
Certification Type	pe Category		Class	Required	
OPERATOR	WATER DISTRIBUTION		1	16	
II. CURRENT E	MPLOYMENT INFORMATION				
Employer's Name:			Phone #:		
Number of Facilities (or Plants) that you currently operate:			I am employed by	y the Facility owner	
I am currently not operating any Facility		I p	I provide contractual services to the Facility		
Please provide the	following information about each Facility/Plant that you	ı operate. Use addtio	onal pages as needed.		
Facility / Plant Name		Class I	PDWIS (Water) NP	DES (Wastewater)	



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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	
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This is page one of a two page form. Both pages must be completed and returned			Operator Certification Number: 3203		
•	Please enter you're current address on the lines below and, if ne	ecessary,	Certification(s) sl 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. CERTIFIC	CATES TO RENEW:		– described	I in Section V. Training Units	
Certification			Class	Required	
TEMPORARY	WATER TREATMENT		4	45	
II. CURRENT	Γ EMPLOYMENT 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 not operating any Facility		I p	rovide contractual serv	rices to the Facility	
Please provide t	the following information about each Facility/Plant that you oper	rate. Use addtio	onal pages as needed.	_	
Facility / Plant Name		Class I	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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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 returne			turned. (Operator Certification N	Jumber: 3232
•	•	a're current address on the lines below and, if necessary, , state and ZIP Code. Please print legibly.	necessary,	Certification(s) below will exp	
	correct the City, state and Z			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	ATES TO RENEW:				Training Units
Certification T	ype (Category		Class	Required
OPERATOR	\	WASTEWATER COLLECTION		2	16
II. CURRENT	EMPLOYMENT INFO	RMATION			
Employer's Name	: :			Phone #:	
Number of Facilit	ties (or Plants) that you curre	ently operate:		I am employed b	by the Facility owner
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III. CONTINUING EDUCATION:

Page 2

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Operator in Responsible Charge:

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•	•	e current address on the lines below and, if necessary, ate and ZIP Code. Please print legibly.	ecessary,	Certification(s) below will exp	4/1/2015	
	correct the City, state and			The fee to renew these certifications: \$50		
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	CATES TO RENEW	<u>/:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		Α	24	
TEMPORARY		WASTEWATER TREATMENT		5	45	
II. CURREN	T EMPLOYMENT INI	FORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner	
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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 returned			Operator Certification Number: 3474		
•	Please enter you're current address on the lines below an	•	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. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Гуре 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	y the Facility owner	
I am currently not operating any Facility		Ιŗ	provide contractual ser	vices to the Facility	
Please provide th	he following information about each Facility/Plant that yo	ou operate. Use addti	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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- Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

- 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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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	ımber: 3730
•	se enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	
	ect the City, state and ZIP Code. Please print legibly.		The fee to renew these certifications: \$50	
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICAT	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EM	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	vices to the Facility
Please provide the following	lowing information about each Facility/Plant that you op	perate. Use addi	ional pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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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 exp		
	correct the City, state and	the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50	
				requirements by result in an a	uplete or submit renewal by the expiration date will additional late fees as bed in Section V.	
I. CERTIFI	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 Facilities (or Plants) that you currently operate:			I am employed b	by the Facility owner		
I am currently not operating any Facility		I	provide contractual ser	rvices to the Facility		
Please provide	the following information a	— bout each Facility/Plant that you op	erate. Use add	tional pages as needed	<u> </u>	
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	
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This is page one o	of a two page form. Both pages must be completed and return	ned. Operator Certificat	ion Number: 4703
	lease enter you're current address on the lines below and, if nece		on(s) shown Il expire on: 9/1/2025
correct the City, state and ZIP Code. Please print legibly.			renew these sertifications: \$50
		requirement result in	complete or submit renewal ts by the expiration date will an additional late fees as seribed in Section V.
I. CERTIFICA	ATES TO RENEW:		Training Units
Certification Type	pe Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT E	MPLOYMENT INFORMATION		
Employer's Name:		Phone	#:
Number of Facilities (or Plants) that you currently operate:		I am emplo	yed by the Facility owner
I am currently not operating any Facility		I provide contractu	al services to the Facility
Please provide the	following information about each Facility/Plant that you operate	e. Use addtional pages as ne	reded.
Facility / Plant Name		Class PDWIS (Water)	NPDES (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	e of a two page form. Both pages must be completed and retur	ned. Operator Certification Numb	er: 4988
	Please enter you're current address on the lines below and, if necessity	Certification(s) show essary, below will expire of	4/1//11/5
correct the City	correct the City, state and ZIP Code. Please print legibly.	The fee to renew the certification	450
		Failure to complete requirements by the	
		result in an additi	ional late fees as
I. CERTIFIC	ATES TO RENEW:	described in	Training Units
Certification T	ype Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	:	Phone #:	
Number of Facilit	ties (or Plants) that you currently operate:	I am employed by the	e Facility owner
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Facility / Plant Na	ame	Class PDWIS (Water) NPDES	(Wastewater)
	(OVER)		



III. CONTINUING EDUCATION:

Page 2

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This is page on	e of a two page form. Bot	h pages must be completed and retu	irned. C	perator Certifcation Nu	umber: 5262	
		ease enter you're current address on the lines below and, if necessa		Certification(s) s below will exp		025
	correct the City, state and	nd ZIP Code. Please print legibly.		The fee to renew certification	\$50	
						ate will
I. CERTIFIC	CATES TO RENEW	<u>.</u>			Training (Units
Certification 7	Туре	Category		Class	Required	
OPERATOR		WASTEWATER TREATMENT		5	30	
OPERATOR		WASTEWATER TREATMENT		Α	16	
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	y the Facility own	ner
I am currently not operating any Facility		I	provide contractual ser	vices to the Facil	ity	
Please provide to	he following information al	oout each Facility/Plant that you oper	ate. Use addt	ional pages as needed.		
Facility / Plant N	Vame		Class	PDWIS (Water) NPI	DES (Wastewate:	r)
		(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 returned.			Operator Certification Number: 5478		
WEIS	Please enter you're current address on the lines below and, if necessary		ication(s) show w will expire		
	correct the City, state and ZIP Code. Please print legibly.	The fe	e to renew the	(51)	
		require	Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.		
	CATES TO RENEW:			Training Units	
Certification 7	Type Category	Cl	ass	Required	
OPERATOR	WASTEWATER TREATMENT	5		30	
OPERATOR	WASTEWATER TREATMENT	А		16	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	e:	P	hone #:		
Number of Facili	ities (or Plants) that you currently operate:	I am er	nployed by th	e Facility owner	
I am currently not operating any Facility		I provide cont	ractual service	es to the Facility	
Please provide th	he following information about each Facility/Plant that you operat	e. Use addtional pages	as needed.		
Facility / Plant N	Jame	Class PDWIS (Wa	ater) 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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- 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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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks and	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. Ope				Operator Certification N	lumber: 5551
PICKERAL	Please enter you're current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.		f necessary,	Certification(s) below will exp	
				The fee to renev	w these cations: \$50
				— requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	CATES TO RENEW	<u>7:</u>			Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	١	2	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	ilities (or Plants) that you cu	arrently operate:		I am employed b	by the Facility owner
I am currently not operating any Facility		I	I provide contractual services to the Facility		
Please provide	the following information a	ubout each Facility/Plant that you o	perate. Use add	tional pages as needed	<u></u>
Facility / Plant 1	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		
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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.		ed. Ope	Operator Certification Number:		5932		
FLANAGAN		ou're current address on the lines below and, if necessary, ty, state and ZIP Code. Please print legibly.		Certification(s below will e		9/1/2025	
	correct the City, state and			The fee to reno certif	ew these fications:	\$100	
				requirements b result in an	y the expi	ubmit renewal iration date will all late fees as ction V.	
I. CERTIFIC	CATES TO RENEW:	<u>.</u>			Tr	raining Units	
Certification ⁷	Туре	Category		Class	Re	equired	
OPERATOR		WASTEWATER TREATMENT		5	30)	
OPERATOR		WATER TREATMENT		4	30)	
OPERATOR		WATER TREATMENT		3	30)	
OPERATOR		WATER TREATMENT		2	16	;	
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 Fa	cility owner	
I am currently no	ot operating any Facility		I pro	ovide contractual s	services to	the Facility	
Please provide t	he following information ab	out each Facility/Plant that you operate	. Use addtion	nal pages as neede	ed.		
Facility / Plant N	Name		Class Pl	DWIS (Water) N	JPDES (W	astewater)	
		(
		(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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This is page one of a two page form. Both pages must be completed and returned.			ned. O _j	Operator Certification Number: 6092			
KOPCHINSKI Please enter you're current address on the lines correct the City, state and ZIP Code. Please pr	•	ent address on the lines below and, if necessary,	essary,	Certification(s) below will ex		9/1/2025	
	de. Please print legibly.		The fee to renew these certifications: \$50				
				Failure to complete or submerced requirements by the expiration of the complete or submerced in a submerced result in an additional latest described in Section		ation date will late fees as	
I. CERTIFICA	ATES TO RENEW:					ining Units	
Certification Ty	/pe Categ	ory		Class		quired	
OPERATOR	INDU	STRIAL WASTEWATER		5	30		
II. CURRENT	EMPLOYMENT INFORMA	ATION					
Employer's Name:				Phone #:			
Number of Faciliti	es (or Plants) that you currently o	perate:		I am employed	by the Fac	ility owner	
I am currently not operating any Facility		Ιp	rovide contractual se	ervices to t	he Facility		
Please provide the	following information about eac	h Facility/Plant that you opera	te. Use addti	onal pages as needed	d.		
Facility / Plant Name		Class	PDWIS (Water) N	PDES (Wa	astewater)		



III. CONTINUING EDUCATION:

Page 2

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Name and Certification Number of
Operator in Responsible Charge:

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		current address on the lines below and, if necessary		Certification(s) s below will expi	
	correct the City, state and	e 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. 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 Nan	ne:			Phone #:	
Number of Faci	lities (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 pag	Operator Certification N	Number: 7569			
	ou're current address on the lines below and, if necessar	Certification(s) y, below will ex			
correct the Ci	ty, state and ZIP Code. Please print legibly.	The fee to renever certification.	w these cations: \$100		
		requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ed in Section V.		
I. CERTIFICATES TO	RENEW:		Training Units		
Certification Type	Category	Class	Required		
OPERATOR	WASTEWATER COLLECTION	2	16		
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 l	by the Facility owner		
I am currently not operating any Facility		I provide contractual se	I provide contractual services to the Facility		
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Facility / Plant Name		Class PDWIS (Water) NI	PDES (Wastewater)		



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Name and Certification Number of
Operator in Responsible Charge:

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Applicant's Signature		Date	
Last 4 digits of Social Security Number	Email Address		
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 on	e of a two page form. Bot	h pages must be completed and ret	turned. C	perator Certification N	Number:	7680	
WILSON Please enter you're current address on the lines below and, i		ecessary,	Certification(s) below will ex		9/1/2025		
	correct the City, state and ZIP Code. Please print legibly.			The fee to renew th certification		\$50	
				Failure to comp requirements by	the expi	ration date will	
				result in an additiona described in Sec			
I. CERTIFIC	CATES TO RENEW	<u>.</u>		describ		aining Units	
Certification 7	Гуре	Category		Class		quired	
SUPERINTEND	DENT	WASTEWATER TREATMENT		5	7		
SUPERINTEND	DENT	WASTEWATER TREATMENT		А	7		
II. CURRENT	EMPLOYMENT INF	ORMATION					
Employer's Name	e:			Phone #:			
Number of Facili	ities (or Plants) that you cu	rrently operate:		I am employed	by the Fac	cility owner	
I am currently no	ot operating any Facility	_	I	provide contractual se	ervices to	the Facility	
Please provide th	he following information as	— bout each Facility/Plant that you ope	erate. Use addt	ional pages as needed	d.	_	
Facility / Plant N	ame		Class	PDWIS (Water) NI	PDES (W	astewater)	
		(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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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. C	perator Certifcation N	umber: 8477
•	•	ou're current address on the lines below and, if necessary, y, state and ZIP Code. Please print legibly.	cessary,	Certification(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 Iditional late fees as ed in Section V.
I. CERTIFI	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 cur	rrently operate:		I am employed b	y the Facility owner
I am currently n	ot operating any Facility	_	Ιj	provide contractual ser	vices to the Facility
Please provide	the following information ab	oout 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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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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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: 856		
LEWIS Please enter you're current address on the lines below and, if ne correct the City, state and ZIP Code. Please print legibly.		· · · · · · · · · · · · · · · · · · ·		Certification(s) s below will exp		9/1/2025
			The fee to renew certific		\$100	
				Failure to compl requirements by result in an actual describe	the exp lditiona	iration date will Il late fees as
	CATES TO RENEW	<u>V:</u>				aining Units
Certification	Type	Category		Class	Re	equired
SUPERINTEN	DENT	WASTEWATER COLLECTION		2	7	
SUPERINTEN	DENT	WATER DISTRIBUTION		1	7	
II. CURREN	T EMPLOYMENT IN	FORMATION				
Employer's Nan	me:			Phone #:		
Number of Faci	ilities (or Plants) that you c	urrently operate:		I am employed by	y the Fa	cility owner
I am currently n	not operating any Facility		Ιp	provide contractual ser	vices to	the Facility
Please provide	the following information o	— about each Facility/Plant that you operc	ate. Use addti	onal pages as needed.		
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (W	astewater)
		(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.			erator Certifcation Nu	mber: 8583
DAVIDSON, JR. Please enter you're current address on the lines be correct the City, state and ZIP Code. Please print	enter you're current address on the lines below and, if necessary	ary,	Certification(s) s below will expi	
	t the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICATES	S TO RENEW:			Training Units
Certification Type	Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT EMP	LOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (or	Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operate	ting any Facility	I pr	ovide contractual serv	rices to the Facility
Please provide the follow	wing information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	_
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)



III. CONTINUING EDUCATION:

Page 2

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This is page one	e of a two page form. Botl	n pages must be completed and ret	urned. C	Operator Certifcation Nu	ımber:	8613
-	•	re current address on the lines below and, if necessary		Certification(s) s below will exp		9/1/2025
	correct the City, state and	tate and ZIP Code. Please print legibly.		The fee to renew certification		\$100
				Failure to compl requirements by t result in an ad described	the expi Iditiona	iration date will Il late fees as
I. CERTIFIC	CATES TO RENEW:				Tr	aining Units
Certification 1	Гуре	Category		Class	Re	equired
SUPERINTEND	DENT	WATER TREATMENT		1	7	
SUPERINTEND	DENT	WASTEWATER TREATMENT		1	7	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Name	e:			Phone #:		
Number of Facili	ities (or Plants) that you cur	rently operate:		I am employed by	y the Fa	cility owner
I am currently no	ot operating any Facility		I	provide contractual serv	vices to	the Facility
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Facility / Plant N	ame		Class	PDWIS (Water) NPI	DES (W	astewater)
		(OVER)				



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Page 2

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This is page one	of a two page form. Both pages must be completed and return	ned. Operator Certification	on Number: 8804
	Please enter you're current address on the lines below and, if necessity	Certificatio essary, below wil	n(s) shown l expire on: 9/1/2025
correct the City, state and ZIP Code. Please print legibly.	The fee to r	enew these rtifications: \$50	
		requirement result in	omplete or submit renewal s by the expiration date will an additional late fees as cribed in Section V.
	ATES TO RENEW:		Training Units
Certification Ty	ype Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	А	16
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	::	Phone	#:
Number of Facilit	ties (or Plants) that you currently operate:	I am employ	ved by the Facility owner
I am currently not	t operating any Facility	I provide contractua	al services to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addtional pages as neo	eded.
Facility / Plant Na	ame	Class PDWIS (Water)	NPDES (Wastewater)
	(OVER)	_	



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		
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			ned. Ope	erator Certifcation N	Jumber: 88	22
•	Please enter you're current address on the lines below and, if necess		ssary,	Certification(s) below will ex		1/2025
	correct the City, state and	ty, state and ZIP Code. Please print legibly.		The fee to renev	w these cations: \$1	00
				Failure to comp	L	
				 requirements by the expiration d result in an additional late fee described in Section V. 		te fees as
I. CERTIFIC	CATES TO RENEW			uescrib		
Certification ⁻		- Category		Class	Requ	ing Units ired
OPERATOR		WATER TREATMENT		4	30	
OPERATOR		WASTEWATER TREATMENT		5	30	
SUPERINTEN	DENT	WATER TREATMENT		4	7	
SUPERINTEN	DENT	WASTEWATER TREATMENT		5	7	
II. CURRENT	EMPLOYMENT INF	ORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you cu	rrently operate:		I am employed b	by the Facilit	y owner
I am currently no	ot operating any Facility		I pro	ovide contractual se	rvices to the	Facility
Please provide t	he following information a	bout each Facility/Plant that you operate	e. Use addtio	nal pages as needea	<i>l</i> .	
Facility / Plant N	Jame		Class P	DWIS (Water) NF	PDES (Waste	water)



III. CONTINUING EDUCATION:

Page 2

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	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 legible	y.	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. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide i	the following information about each Facility/Plant that	you operate. Use addti	onal pages as needed.	
Facility / Plant Name		Class	PDWIS (Water) NPI	DES (Wastewater)



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	lease enter you're current address on the lines below and, if neces	ssary,	Certification(s) sl below will expi	4/1//11/5
correct the City, state and ZIP Code. Please print legibly.			The fee to renew certifica	950
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Type	pe Category		Class	Required
OPERATOR	WATER TREATMENT		G	7
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:		Phone #:		
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not operating any Facility		I pr	ovide contractual serv	rices to the Facility
Please provide the j	following information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
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	(OVER)			



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This is page one of a two page form. Both pages must be completed and return			Operator Certification	on Number:	8865
•	Please enter you're current address on the lines		Certification below wil	n(s) shown I expire on:	9/1/2025
	correct the City, state and ZIP Code. Please pr	int legibly.	The fee to re	enew these rtifications:	\$50
			requirements result in a	by the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFICA	ATES TO RENEW:				raining Units
Certification Ty	pe Category		Class		equired
SUPERINTENDE	ENT WASTEWATER C	OLLECTION	2	7	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name:			Phone	#:	
Number of Faciliti	es (or Plants) that you currently operate:	_	I am employ	ed by the Fa	icility owner
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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	Vastewater)



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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	provide contractual serv	rices to the Facility
Please provide t	he following information about e	ach Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant Name			Class	PDWIS (Water) NPD	DES (Wastewater)



III. CONTINUING EDUCATION:

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

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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of
Operator in Responsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

- 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		