

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.

i nis is page o	one of a two page form. Both pages must be completed and retui	rnea. Op	erator Certification Nu	imber: 0593
SAVOY, II	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	4/1//11/6
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WASTEWATER TREATMENT		5	30
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 r	not operating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate	ite. Use addtio	onal pages as needed.	
Facility / Plant	Name	Class I	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecu completion with this renewal.	arity training a	and have included the	certificate of



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.
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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 Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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COCHRAN	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 9/1/2026		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$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	Type Category		Class	Required	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		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 b	y the Facility owner	
I am currently n	ot operating any Facility	I provi	ide contractual ser	vices to the Facility	
Please provide	the following information about each Facility/Plant that you operate.	Use addtiona	l pages as needed		
Facility / Plant 1	Name	Class PDV	WIS (Water) NP	DES (Wastewater)	
	(OVER)				
	(OVER)				
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• • • • • • • • • • • • • • • • • • • •	ne of a two page form. Both pages must be completed and re	turnea. O	perator Certification Ni	imber: 06/2
MIGLIO	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		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	y the Facility owner
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HUDLER	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
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Certification	Type Category		Class	Required
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Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
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HARTLE	Please enter you're current address on the lines below and, if nece	ssary,	Certification(s) s below will exp	4/1//11/6
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I. CERTIFI	ICATES 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 Nar	me:		Phone #:	
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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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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This is page on	e of a two page form. Both pages must be completed and retu	rned. Oj	perator Certification Nu	ımber: 0922
CASTRO	Please enter you're current address on the lines below and, if ne	cessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Name	ne:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	Ιp	rovide contractual serv	vices to the Facility
Please provide th	he following information about each Facility/Plant that you oper	ate. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersec	curity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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- Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
- No course can be used more than one time for any three-year renewal period.
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- Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up the certification expiration date. Passing the exam is not required for renewal.
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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd 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				perator Certifcation Nu	ımber: 0938
		Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state an	d ZIP Code. Please print legibly.		The fee to renew certifica	\$50
				requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW	<u>/:</u>			Training Units
Certification 7	Гуре	Category		Class	Required
OPERATOR		WASTEWATER TREATMENT		Α	16
OPERATOR		WASTEWATER TREATMENT		5	30
II. CURRENT	EMPLOYMENT IN	FORMATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		Ιŗ	provide contractual serv	vices to the Facility
Please provide ti	he following information a	 about each Facility/Plant that you op	erate. Use addti	ional pages as needed.	
Facility / Plant N	Jame		Class	PDWIS (Water) NPI	DES (Wastewater)
		(OVER)			
(Initial Her	re) I hereby affirm I h completion with the	ave completed the mandatory Cybers is renewal.	security training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one	of a two page form. Both pages must be completed and returned	l. Ope	erator Certifcation Nu	mber: 1002
	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	ATES TO RENEW:			Training Units
Certification T	ype Category		Class	Required
SUPERINTEND	ENT WASTEWATER TREATMENT		5	7
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	:		Phone #:	
Number of Facilit	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Use addtio	nal pages as needed.	
Facility / Plant Na	ame	Class P	DWIS (Water) NPI	DES (Wastewater)
				_
	(OVER)			
(Initial Here	I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	training a	nd have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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HALL	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			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 T	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	ΙŢ	provide contractual serv	rices to the Facility
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Facility / Plant N	ame	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here	e) I hereby affirm I have completed the mandatory Cybersec completion with this renewal.	urity training	and have included the	ertificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
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Please verify your information shown on this application and make any corrections as needed.

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SPEARMAN	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$ 100
			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
OPERATOR	WATER TREATMENT		4	30
TEMPORARY	WASTEWATER TREATMEN	IT	4	24
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Please provide t	he following information about each Facility/Plant that you	u operate. Use addtio	nal pages as needed.	_
Facility / Plant N	Name	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cv	bersecurity training a	nd have included the	certificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	onsible Charge:

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	Please enter you're current address on the lines below and, if necessary,		Certification(s) shelow will expire	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal the expiration date will ditional late fees as I in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	EMPLOYMENT INFORMATION			
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Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	rovide contractual serv	ices to the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addtie	onal pages as needed.	
Facility / Plant Na	me	Class 1	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	y training a	and have included the c	ertificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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,	ie of a two page form. Both pages must be completed and reti	urnea. O	perator Certification Ni	imber: 10184
SCHMIDT	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	Ιp	orovide contractual ser	vices to the Facility
Please provide t	the following information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	curity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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This is page of	ne of a two page form. Both pages must be completed and returned	l. Operator Certificat	ion Number: 10186
FOLK	Please enter you're current address on the lines below and, if necessary		on(s) shown ill expire on: 9/1/2026
	correct the City, state and ZIP Code. Please print legibly.		renew these ertifications: \$100
		requiremen result in	complete or submit renewal ts by the expiration date will an additional late fees as scribed in Section V.
I. CERTIFI	CATES TO RENEW:		Training Units
Certification	Type Category	Class	
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	3	30
II. CURREN	T EMPLOYMENT INFORMATION		
Employer's Nar	me:	Phone	<i>;</i> #:
Number of Faci	ilities (or Plants) that you currently operate:	I am emplo	yed by the Facility owner
I am currently r	not operating any Facility	I provide contractu	al services to the Facility
Please provide	the following information about each Facility/Plant that you operate.	Use addtional pages as ne	eded.
Facility / Plant	Name	Class PDWIS (Water)	NPDES (Wastewater)
	(OVER)		
	(OVER)		
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	training and have include	ed the certificate of



III. CONTINUING EDUCATION:

Page 2

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This is page o	ne of a two page form. Both pages must be complete	ed and returned.	perator Certifcation Num	ber: 10193
KEISTER	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 leg	ribly.	The fee to renew th	\$ 100
			requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as n Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEV	VATER	2	0
OPERATOR	WATER TREATMENT		4	30
OPERATOR	WASTEWATER TREAT	MENT	3	30
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	ne Facility owner
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Facility / Plant	Name	Class	PDWIS (Water) NPDE	S (Wastewater)
	(O)	VER)		
(Initial He	ere) I hereby affirm I have completed the mandator completion with this renewal.	ry Cybersecurity training	and have included the ce	rtificate of



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This is page	one of a two page form. Both pages must be completed and	returned.	perator Certification Nu	ımber: 10199
MOGEL	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	FICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTIC	N	2	16
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	I_{j}	provide contractual serv	vices to the Facility
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Facility / Plant	t Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	Here) I hereby affirm I have completed the mandatory Cyb completion with this renewal.	ersecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

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	ease enter you're current address on the lines below and, if necessary,	,	Certification(s) shelow will expire	
co	errect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	I pro	ovide contractual serv	ices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you operate. Use	e addtior	nal pages as needed.	
Facility / Plant Name	e Cla	ass PI	OWIS (Water) NPD	ES (Wastewater)
				_
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity tra- completion with this renewal.	aining ar	nd have included the c	ertificate of



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This is page of	ne of a two page form. Both pages must be completed and returned	1. Operator Certification Number	nber: 10201
FOX	Please enter you're current address on the lines below and, if necessa	Certification(s) sh ary, below will expir	
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		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 Category	Class	Required
OPERATOR	WASTEWATER TREATMENT	А	16
OPERATOR	WASTEWATER TREATMENT	5	30
II. CURREN	T EMPLOYMENT INFORMATION		
Employer's Nar	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 servi	ces to the Facility
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	(OVER)		
(Initial III		studining and have included the -	antificate of
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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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

This is page on	e of a two page form. Both pages must be completed and returned	d. Ope	erator Certifcation Nu	ımber: 10376
TAYLOR, JR	Please enter you're current address on the lines below and, if necessary	ary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
			requirements by t result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification ⁷	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WASTEWATER TREATMENT		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	I pro	ovide contractual serv	vices to the Facility
Please provide t	he following information about each Facility/Plant that you operate.	Use addtio	nal pages as needed.	
Facility / Plant N	Name	Class Pl	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cybersecurity	y training ar	nd have included the	certificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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This is page of	one of a two page form. Both pages must be completed and r	eturned. O	perator Certification Nu	ımber: 10377
ECKARD	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew 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. CERTIF	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	ΙI	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	Iere) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	security training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	onsible Charge:

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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 retur	ned. O	perator Certification Nur	mber: 1056
RODRIGUEZ	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sh below will expin	
	correct the City, state and Z	TP Code. Please print legibly.		The fee to renew t	X 1 (1)(1)
				 requirements by the result in an add 	te or submit renewal ne expiration date will litional late fees as in Section V.
	CATES TO RENEW:				Training Units
Certification ⁷	Туре	Category		Class	Required
OPERATOR	,	WASTEWATER COLLECTION		2	16
OPERATOR	,	WATER DISTRIBUTION		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]	Ιp	provide contractual servi	ces to the Facility
Please provide t	he following information abo	_ ut each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant N	Jame		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial He	re) — I hereby affirm I have	e completed the mandatory Cybersecu	rity training	and have included the c	ertificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
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This is page one of	f a two page form. Both pages must be completed and returned.	Opera	tor Certification Nu	mber: 10854
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	450
			requirements by tl result in an add	ete or submit renewal the expiration date will ditional late fees as I in Section V.
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not of	perating any Facility	I provi	ide contractual serv	ices to the Facility
Please provide the f	ollowing information about each Facility/Plant that you operate. Use	addtional	l pages as needed.	
Facility / Plant Nam	e Clas	ass PDV	WIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity train completion with this renewal.	ining and	have included the c	ertificate of



III. CONTINUING EDUCATION:

Page 2

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This is page one o	f a two page form. Both pages must be completed and return	ed. O	perator Certification Nu	mber: 11350
	lease enter you're current address on the lines below and, if necess	sary,	Certification(s) shelow will expire	
CC	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			 requirements by the result in an add 	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not o	perating any Facility	Ιp	provide contractual serv	ices to the Facility
Please provide the j	following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.	
Facility / Plant Nam	ne	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecuri completion with this renewal.	ty training	and have included the c	certificate of



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This is page of	ne of a two page form. Both pages must be completed and ret	urned. O	perator Certification Nu	ımber: 11407
HOGREBE	Please enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp	
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			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		3	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility	Ιŗ	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)	<u> </u>		
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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This is page one of	f a two page form. Both pages must be completed and returned.	Ope	rator Certification Nu	mber: 11409
	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi	
co	errect 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 l in Section V.
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
OPERATOR	WATER TREATMENT		1	16
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	I pro	vide contractual serv	rices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you operate. Use	e addtion	al pages as needed.	
Facility / Plant Name	e Cla	ass PE	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity tra completion with this renewal.	aining an	d have included the o	certificate of



III. CONTINUING EDUCATION:

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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	of a two page form. Both pages must be completed and returned.		for Certification N	umber: 11466
MAJORS	Please enter you're current address on the lines below and, if necessar	ry,	Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these cations: \$50
		1	requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		Α	24
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Naı	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed b	by the Facility owner
I am currently i	not operating any Facility	I provi	de contractual sei	rvices to the Facility
Please provide	the following information about each Facility/Plant that you operate. U	Jse addtional	pages as needed	<u></u>
Facility / Plant	Name	Class PDV	VIS (Water) NP	PDES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	training and	have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Applicant's Signature	Date		
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This is page of	ne of a two page form. Both pages must be completed an	d returned.	perator Certification Nu	ımber: 11467
LADNER	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	I	provide contractual serv	vices to the Facility
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Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cy completion with this renewal.	bersecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Applicant's Signature	Date		
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Please verify your information shown on this application and make any corrections as needed.

This is page or	ne of a two page form. Both pages must be completed and return	ned. Op	erator Certifcation Nu	ımber: 11480
SHORT, JR	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	\$ 100
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WATER 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 by	the Facility owner
I am currently n	ot operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you operat	e. Use addtio	nal pages as needed.	
Facility / Plant 1	Name	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He		rity training a	nd have included the	certificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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This is page o	ne of a two page form. Both pages must be comple	ted and returned.	Operator Certification Nu	mber: 11505
MODES	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print le	egibly.	The fee to renew certifica	\$50
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	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
SUPERINTEN	IDENT INDUSTRIAL WASTE	WATER	1	0
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
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(Initial He	ere) I hereby affirm I have completed the mandat completion with this renewal.	ory Cybersecurity training	ng and have included the o	ertificate of



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• • • •	ne of a two page form. Both pages must be completed and ret	urnea. O	perator Certification Ni	imber: 11507
MASON IV	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
${\bf Certification}$	Type Category		Class	Required
OPERATOR	WATER TREATMENT		5RO	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently n	not operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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This is page on	ne of a two page form. Both pages must be completed and retu	rned. C	Operator Certification Nu	mber: 11536
NORWOOD	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			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
OPERATOR	WATER TREATMENT		5RO	16
II. CURRENT	Γ EMPLOYMENT 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_1	provide contractual serv	rices to the Facility
Please provide t	the following information about each Facility/Plant that you oper	ate. Use addt	tional pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cybersec completion with this renewal.	curity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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This is page	one of a two page form. Both pages must be completed and	l returned. C	perator Certification Nu	ımber: 11616
BEANS	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			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	FICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATE	R	1	0
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fa	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	Ι ₁	provide contractual serv	vices to the Facility
Please provide	le the following information about each Facility/Plant that you	operate. Use addt	ional pages as needed.	
Facility / Plan	at Name	Class	PDWIS (Water) NPI	DES (Wastewater)
-				
	(OVER)			
(Initial H	Here) I hereby affirm I have completed the mandatory Cyb completion with this renewal.	persecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page	one of a two page form. Both pages must be completed and r	eturned. O	perator Certification Nu	ımber: 1164
GOWE	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			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 RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	Ιį	provide contractual serv	vices to the Facility
Please provide	e the following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant	t Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	Here) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	security training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

V. LATE FEES AND REINSTATEMENT

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Last 4 digits of Social Security Number	Email Address		
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This is page on	e of a two page form. Both pages must be completed and ret	turned. O	perator Certifcation Nu	ımber: 11652
PRICE	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 - 11
			 requirements by t 	ete or submit renewal the expiration date will
				ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:		described	Training Units
Certification ⁻	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
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	Ιp	provide contractual serv	vices to the Facility
Please provide t	he following information about each Facility/Plant that you ope	erate. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cyberso completion with this renewal.	ecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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This is page one of	f a two page form. Both pages must be completed and returned.	Ope	erator Certification Nu	mber: 11663
	ase enter you're current address on the lines below and, if necessary,		Certification(s) shelow will expire	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
	TES TO RENEW:			Training Units
Certification Typ	e Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT EN	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not op	perating any Facility	I pr	ovide contractual serv	ices to the Facility
Please provide the fe	ollowing information about each Facility/Plant that you operate. Use	e addtio	nal pages as needed.	
Facility / Plant Name	e Cla	ass P	DWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity tra- completion with this renewal.	aining a	nd have included the c	ertificate of



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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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This is page	one of a two page i	form. Both pages must be completed and retu	rned. (Operator Certifcation Nu	mber: 12173
HANEY		Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expir	
	correct the City	, state and ZIP Code. Please print legibly.		The fee to renew certifica	4 - 11
					ete or submit renewal
				result in an add	he expiration date will ditional late fees as I in Section V.
I. CERTIF	ICATES TO F	RENEW:		described	Training Units
Certification	n Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	NT EMPLOYME	ENT INFORMATION			
Employer's Na	ame:			Phone #:	
Number of Fac	cilities (or Plants) th	nat you currently operate:		I am employed by	the Facility owner
I am currently	not operating any F	Facility	I	provide contractual serv	ices to the Facility
Please provide	e the following info	rmation about each Facility/Plant that you oper	ate. Use addi	tional pages as needed.	
Facility / Plant	t Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(0.1.1.1.1)			
		(OVER)			
(Initial H	· ·	affirm I have completed the mandatory Cybersecon with this renewal.	curity training	g and have included the c	ertificate of



III. CONTINUING EDUCATION:

Page 2

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

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certifi	cation Number of
Operator in Resp	onsible 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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This is page or	ne of a two page form. Both pages must be completed and	l returned. O	perator Certification Nu	ımber: 1219
WOOD, III	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	Ιp	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you	operate. Use addti	onal pages as needed.	
Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyl completion with this renewal.	persecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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• • • •	ne of a two page form. Both pages must be completed and retu	rnea. O	perator Certification N	amber: 12403
BRUCE	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620
			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
${\bf Certification}$	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
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Facility / Plant 1	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
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This is page one o	of a two page form. Both pages must be completed and returned.	Op	perator Certification Nur	nber: 12500
	ase enter you're current address on the lines below and, if necessary,	y,	Certification(s) sh below will expir	
C	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew to certificat	\$50
			- requirements by th result in an add	te or submit renewal e expiration date will itional late fees as in Section V.
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Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
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Facility / Plant Nan	ne C	Class F	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity to completion with this renewal.	training a	and have included the co	ertificate of



III. CONTINUING EDUCATION:

Page 2

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• • •	of a two page form. Both pages must be completed and return	ea. Or	berator Certification N	umber: 12519
	Please enter you're current address on the lines below and, if neces	sary,	Certification(s) s below will exp	
	correct the City, state and 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	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
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Facility / Plant Na	nme	Class I	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial Here	I hereby affirm I have completed the mandatory Cybersecuri completion with this renewal.	ty training a	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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This is page (one of a two page form. Both	pages must be completed and returned.	Operator Certification N	iumber: 1257
KAELIN	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
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I. CERTIF	<u>ICATES TO RENEW:</u>			Training Units
Certification	n Type	Category	Class	Required
SUPERINTEN	NDENT	WASTEWATER TREATMENT	3	7
SUPERINTEN	NDENT	WASTEWATER TREATMENT	А	7
II. CURREN	T EMPLOYMENT INFO	ORMATION		
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you cur	rently operate:	I am employed b	by the Facility owner
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Facility / Plant	Name	Cl	lass PDWIS (Water) NP	DES (Wastewater)
		(OVER)		
		(OVER)		
(Initial H	Iere) I hereby affirm I have completion with this	re completed the mandatory Cybersecurity tr renewal.	raining and have included the	certificate of



III. CONTINUING EDUCATION:

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V. LATE FEES AND REINSTATEMENT

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

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



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• • • •	ie of a two page form. Both pages must be completed and retu	irnea. Oj	perator Certification N	umber: 125/3
WELLS	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	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:			Training Units
Certification ⁷	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
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	Ιp	rovide contractual ser	vices to the Facility
Please provide t	he following information about each Facility/Plant that you oper	rate. Use addti	onal pages as needed.	,
Facility / Plant N	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersecompletion with this renewal.	curity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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

This is page of	one of a two page form. Both	pages must be completed and retur	ned. C	perator Certification Nu	mber: 12580
MARTIN	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) sh below will expin	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew to certificate	\$100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ICATES TO RENEW:				Training Units
Certification	n Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
TEMPORARY	′	WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFO	ORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		Ιj	provide contractual serv	ices to the Facility
Please provide	the following information ab	— out each Facility/Plant that you opera	te. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial H	(ere) I hereby affirm I have	ve completed the mandatory Cybersecu	rity training	and have included the c	ertificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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This is page on	ne of a two page form. Both pages must be completed and retur	ned. O _l	perator Certification Nu	ımber: 12631
TOKASH	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	450
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification ⁷	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURRENT	FEMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
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	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersecu	rity training	and have included the	certificate of



III. CONTINUING EDUCATION:

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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This is page on	e of a two page form. Both pages must be completed and return	ed. Oj	perator Certification Nu	mber: 12712
DOBSON JR	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	Ιp	provide contractual serv	ices to the Facility
Please provide th	he following information about each Facility/Plant that you operate	e. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersecur completion with this renewal.	ity training	and have included the c	ertificate of



III. CONTINUING EDUCATION:

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Name and Certifi	cation Number of
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,	ne of a two page form. Both pages must be completed and ret	urned. O	perator Certification Nu	ımber: 12797
WILLIAMS	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	me:		Phone #:	
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Facility / Plant 1	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberse	curity training	and have included the	certificate of



III. CONTINUING EDUCATION:

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OLIVER	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	v these sations: \$50
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I. CERTIFIC	CATES TO RENEW:			Training Units
Certification T	Гуре Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
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	(OVER)			
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- All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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- Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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• • • •	ie of a two page form. Both pages must be completed and re	eturnea.	perator Certification N	umber: 12994
ROBIDOUX	Please enter you're current address on the lines below and, if necessary,		Certification(s) selow will exp	
	correct the City, state and 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:			Training Units
Certification ⁷	Type Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
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 ₁	provide contractual ser	vices to the Facility
Please provide t	the following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	,
Facility / Plant N	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	security training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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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.
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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Both pages must be completed and r	eturned. C	perator Certification Nu	ımber: 12995
OWENS	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
TEMPORARY	Y WASTEWATER COLLECTION	1	2	24
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	Ij	provide contractual serv	vices to the Facility
Please provide	e the following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	
Facility / Plant	t Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	Here) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	rsecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 o	one of a two page form. Both pages must be completed and re	turned. O	perator Certification Nu	ımber: 12996
DODSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	Ιį	provide contractual serv	vices to the Facility
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	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	ecurity training	and have included the	certificate of



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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Applicant's Signature	Date		
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This is page of	one of a two page form. Both pages must be completed and r	eturned. C	Operator Certification Nu	ımber: 12997
JANSON	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	/ WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	Iere) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	security training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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This is page o	ne of a two page for	m. Both pages must be completed and returned.	Oper	ator Certification N	umber: 12998	
NORRIS	Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on: 9/1/2026		
	correct the City, st	tate and ZIP Code. Please print legibly.		The fee to renew certific	\$100	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
<u>I. CERTIFI</u>	CATES TO RE	<u>NEW:</u>			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		INDUSTRIAL WASTEWATER		2	0	
TEMPORARY		WATER TREATMENT		4	45	
TEMPORARY		WASTEWATER TREATMENT		5	45	
TEMPORARY		WASTEWATER TREATMENT		Α	24	
II. CURREN	T EMPLOYMEN	T INFORMATION				
Employer's Nar	ne:			Phone #:		
Number of Fac	ilities (or Plants) that	you currently operate:		I am employed by	y the Facility owner	
I am currently r	not operating any Fac	ility	I prov	vide contractual ser	vices to the Facility	
Please provide	the following inform	ation about each Facility/Plant that you operate. Us	se addtiond	al pages as needed.	_	
Facility / Plant	Name	C	Class PD	WIS (Water) NP	DES (Wastewater)	
		(OVER)				
/T + + + ==	\					
(Initial He		irm I have completed the mandatory Cybersecurity t with this renewal.	training and	I have included the	certificate of	



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Page 2

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This is page of	one of a two page form. Both pages mu	st be completed and returned.	Operator Certification Number	per: 13000
CAESAR	Please enter you're current address on the lines below and, if necessary,		Certification(s) show below will expire	
	correct the City, state and ZIP Code.	Please print legibly.	The fee to renew the certification	4 - 11
			Failure to complete	
			result in an addit	ional late fees as
I. CERTIF	ICATES TO RENEW:		described in	
Certification		1	Class	Training Units Required
TEMPORARY	WASTEW	ATER COLLECTION	2	24
II. CURREN	T EMPLOYMENT INFORMATI	ON		
Employer's Na	me:		Phone #:	
Number of Fac	ilities (or Plants) that you currently operation	ate:	I am employed by th	e Facility owner
I am currently	not operating any Facility		I provide contractual service	es to the Facility
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Facility / Plant	Name	Clas	s PDWIS (Water) NPDES	S (Wastewater)
		(OVER)		
المناشمال	oro) I horoby off I hove as1-4-	,	ning and have included the	tificate of
(Initial H	completion with this renewal.	ed the mandatory Cybersecurity train	ning and have included the cer	illicate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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This is page on	e of a two page form. Both pages must be completed and returned	l. Operator C	Certification N	lumber: 13001
OUELLETTE	Please enter you're current address on the lines below and, if necessary		rtification(s) elow will exp	
	correct the City, state and ZIP Code. Please print legibly.	The	e fee to renev certific	v these cations: \$50
		requ	irements by esult in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁷	Type Category		Class	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 an	- n employed t	by the Facility owner
I am currently no	ot operating any Facility	I provide c	ontractual se	rvices to the Facility
Please provide t	he following information about each Facility/Plant that you operate.	Use addtional pag	es as needed	
Facility / Plant N	Vame	Class PDWIS	(Water) NP	PDES (Wastewater)
				_
	(OVER)			
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	training and have	included the	e certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
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• 63	ne of a two page form. Both pages n	iust de completed and returned	. Op	erator Certification I	Number: 13002
GESSESSE	Please enter you're current address		ry,	Certification(s) below will ex	
	correct the City, state and ZIP Code	. Please print legibly.		The fee to rene certifi	w these cations: \$50
				requirements by result in an a	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFI	CATES TO RENEW:				Training Units
Certification	Type Catego	ry		Class	Required
TEMPORARY	INDUS ⁻	TRIAL WASTEWATER		2	0
II. CURREN	Γ EMPLOYMENT INFORMAT	TION			
Employer's Nar	ne:			Phone #:	
Number of Faci	lities (or Plants) that you currently ope	erate:		I am employed	by the Facility owner
I am currently n	ot operating any Facility		I pı	ovide contractual se	ervices to the Facility
Please provide	the following information about each	Facility/Plant that you operate. U	Jse addtio	nal pages as needed	<i>i</i> l.
Facility / Plant	Name		Class P	DWIS (Water) NI	PDES (Wastewater)
		(OVER)			
(Initial He	re) I hereby affirm I have comple completion with this renewal.	ted the mandatory Cybersecurity	training a	nd have included the	e certificate of



III. CONTINUING EDUCATION:

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Name and Certifi	cation Number of
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This is page of	ne of a two page form. Both pages must be completed and ret	turned. O	perator Certification Nu	mber: 13003
WILLIAMS	Please enter you're current address on the lines below and, if n	ecessary,	Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	ΙĮ	provide contractual serv	vices to the Facility
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Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberso completion with this renewal.	ecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

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Name and Certifi	cation Number of
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This is page or	ne of a two page form. Both pages must be completed and return	ed. Op	erator Certification Nu	ımber: 13005
MANNING	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	£100
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
TEMPORARY	WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	lities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently n	not operating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.	
Facility / Plant 1	Name	Class I	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
	(OVER)			
(Initial He	I hereby affirm I have completed the mandatory Cybersecuri completion with this renewal.	ity training a	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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	Please enter you're current address on the lines below and, if necessary,		Certification(s) si below will expi	
co	orrect 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 l in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Type	pe Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		2	0
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 o	pperating any Facility	ΙI	provide contractual serv	rices to the Facility
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Facility / Plant Nam	ne	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecur completion with this renewal.	ity training	and have included the	certificate of



III. CONTINUING EDUCATION:

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This is page o	one of a two page form. Both pages must be completed and ret	urned. O	perator Certification Nu	ımber: 13007
MOORE	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew 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	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	ΙĮ	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	curity training	and have included the	certificate of



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.
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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 Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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This is page one	of a two page form. Both pages must be completed and returned.	Ope	erator Certification Nur	nber: 13008
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir	
C	correct the City, state and ZIP Code. Please print legibly.		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.
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pro	ovide contractual servi	ces to the Facility
Please provide the	following information about each Facility/Plant that you operate. Use	e addtior	nal pages as needed.	
Facility / Plant Nar	me Cla	ass PI	OWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity tra- completion with this renewal.	aining ar	nd have included the co	ertificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
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This is page of	ne of a two page form. Both pages must be completed and retur	ned. Op	erator Certifcation Nu	umber: 13009
MADISON	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by to result in an ad	lete or submit renewal the expiration date will lditional late fees as d in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
TEMPORARY	WATER TREATMENT		5	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently r	not operating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you operation	te. Use addtio	nal pages as needed.	
Facility / Plant	Name	Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecu	ırity training a	nd have included the	certificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 on	ne of a two page form. Both pages must be completed and retur	ned. Op	erator Certification Nu	ımber: 13010
LANKFORD	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$100
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	24
TEMPORARY	WATER DISTRIBUTION		1	24
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 pı	ovide contractual serv	vices to the Facility
Please provide t	the following information about each Facility/Plant that you opera	te. Use addtio	onal pages as needed.	
Facility / Plant N	Name	Class P	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cybersecu	rity training a	and have included the	certificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd 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 a	nd returned. Op	erator Certification N	umber: 13011
SMALL	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will exp	
	correct the City, state and ZIP Code. Please print legibly		The fee to renew certific	\$ 100
				lete or submit renewal
			result in an ac	the expiration date will dditional late fees as
L CERTIEIC	CATEC TO DENEW.		- describe	ed in Section V.
Certification 7	CATES TO RENEW: Type Category		Class	Training Units Required
TEMPORARY	WASTEWATER COLLECT	ION	2	24
TEMPORARY	WATER DISTRIBUTION		1	24
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently no	ot operating any Facility	I pı	ovide contractual ser	vices to the Facility
Please provide th	he following information about each Facility/Plant that ye	ou operate. Use addtio	nal pages as needed.	
Facility / Plant N	ame	Class F	DWIS (Water) NP	DES (Wastewater)
	(OVER)		
(Initial Use	`	<i>'</i>	nd have included the	cartificate of
(Initial Her	e) I hereby affirm I have completed the mandatory C	ybersecurity training a	nd have included the	certificate of

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III. CONTINUING EDUCATION:

Page 2

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This is page of	ne of a two page fori	m. Both pages must be completed and returned.	Oper	ator Certification N	umber: 13012	
STRAIT	Please enter you're current address on the lines below and, if necessary,			Certification(s) shown below will expire on: 9/1/2026		
	correct the City, sta	ate and ZIP Code. Please print legibly.		The fee to renew certific	£100	
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.	
<u>I. CERTIFI</u>	CATES TO RE	NEW:			Training Units	
Certification	Type	Category		Class	Required	
TEMPORARY		WASTEWATER TREATMENT		1	24	
TEMPORARY		WASTEWATER COLLECTION		2	24	
TEMPORARY		WATER DISTRIBUTION		1	24	
TEMPORARY		WATER TREATMENT		2	24	
II. CURREN	T EMPLOYMEN	ΓINFORMATION				
Employer's Nar	ne:			Phone #:		
Number of Faci	ilities (or Plants) that	you currently operate:		I am employed by	y the Facility owner	
I am currently r	not operating any Faci	lity	I prov	vide contractual ser	vices to the Facility	
Please provide	the following informa	tion about each Facility/Plant that you operate. Us	e addtiond	al pages as needed.	_	
Facility / Plant	Name	Cla	ass PD	WIS (Water) NP	DES (Wastewater)	
		(OVED)				
		(OVER)				
(Initial He		rm I have completed the mandatory Cybersecurity travith this renewal.	aining and	I have included the	certificate of	



III. CONTINUING EDUCATION:

Page 2

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V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

- 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

I consent to	receive my	certificate(s) by	v emial in lieu	ı 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. Bot	h pages must be completed and ret	urned. C	perator Certifcation Nu	mber: 13013
BURKE	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) sh below will expir	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew to certificate	\$100
				requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
	ICATES TO RENEW				Training Units
Certification	n Type	Category		Class	Required
TEMPORAR'	Υ	WATER TREATMENT		3	45
TEMPORAR'	Υ	WASTEWATER TREATMENT		3	45
II. CURREN	NT EMPLOYMENT INF	ORMATION			
Employer's Na	ame:			Phone #:	
Number of Fa	cilities (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	ices to the Facility
Please provide	e the following information a	bout each Facility/Plant that you ope	rate. Use addt	ional pages as needed.	
Facility / Plan	t Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial F	Here) I hereby affirm I ha	ve completed the mandatory Cyberse	curity training	and have included the c	ertificate of

completion with this renewal.



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

Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

V. LATE FEES AND REINSTATEMENT

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Make checks payable to:	Maryland Board of Waterworks ar	nd 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 returne	e d. Op	erator Certification Nu	ımber: 13014
MILLS	Please enter you're current address on the lines below and, if necessary		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	4 - 11
			requirements by to result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁻	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		А	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 no	ot operating any Facility	I pı	ovide contractual serv	vices to the Facility
Please provide to	he following information about each Facility/Plant that you operate.	Use addtio	onal pages as needed.	
Facility / Plant N	Vame	Class F	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Her		y training a	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page one of	a two page form. Both pages must be completed and returned.	Operator Certification N	umber: 13016
	ease enter you're current address on the lines below and, if necessary	Certification(s) below will exp	
co	rrect 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.
	TES TO RENEW:		Training Units
Certification Typ	e Category	Class	Required
TEMPORARY	WASTEWATER COLLECTION	2	24
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 op	perating any Facility	I provide contractual ser	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate. Us	se addtional pages as needed.	
Facility / Plant Name	e Cl	lass PDWIS (Water) NP	DES (Wastewater)
	(OVER)		
	(OVER)		
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity tr	raining and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page o	ne of a two page form	. Both pages must be completed and retu	rned. C	perator Certifcation Nu	mber: 13017
HENRI		Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, stat	e and ZIP Code. Please print legibly.		The fee to renew certifica	450
					ete or submit renewal
				result in an ad	he expiration date will ditional late fees as l in Section V.
I. CERTIFI	ICATES TO REN	IEW:			Training Units
Certification	Type	Category		Class	Required
TEMPORARY		WASTEWATER COLLECTION		2	24
II. CURREN	T EMPLOYMENT	INFORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that yo	ou currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facili	ty	I	provide contractual serv	ices to the Facility
Please provide	the following informati	ion about each Facility/Plant that you oper	ate. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			
(Initial H		n I have completed the mandatory Cybersec ith this renewal.	urity training	and have included the o	ertificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

V. LATE FEES AND REINSTATEMENT

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This is page of	one of a two page form. Both pages must be completed and re	eturned. C	Operator Certification Nu	ımber: 13018
MOORE	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		2	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
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Please provide	the following information about each Facility/Plant that you op	perate. Use addt	tional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
<u> </u>	(OVER)			
(Initial H	Iere) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	security training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	onsible Charge:

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• • • • • • • • • • • • • • • • • • • •	ne of a two page form. Both pages must be completed and ret	urnea. Oj	perator Certification N	imber: 13019
FRANCIS	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
${\bf Certification}$	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently n	not operating any Facility	Ιp	rovide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you ope	rate. Use addti	onal pages as needed.	
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	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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

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- Operators In Training 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 Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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	ne of a two page form. Both pages must be completed and i	returnea. Oj	perator Certification N	amber: 13020
WYNDER	Please enter you're current address on the lines below and, is	f necessary,	Certification(s) s below will exp	
	correct the City, state and 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 lditional late fees as d in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	INDUSTRIAL WASTEWATER		1	0
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nam	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	Ιp	rovide contractual ser	vices to the Facility
Please provide t	the following information about each Facility/Plant that you o	perate. Use addti	onal pages as needed.	
Facility / Plant N	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial He	re) I hereby affirm I have completed the mandatory Cybe completion with this renewal.	rsecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 of	ne of a two page form. Both pages must be completed and ret	urned. O	perator Certification Nu	mber: 13021
POWELL	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew 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.
	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		1	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	Ιŗ	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	curity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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inis is page one	of a two page form. Both pages must be completed and returned.	Operator Certification N	lumber: 13022
	Please enter you're current address on the lines below and, if necessary	Certification(s) y, below will ex	
	correct the City, state and ZIP Code. Please print legibly.	The fee to renev	w these cations: \$50
		requirements by	olete or submit renewal the expiration date will additional late fees as ed in Section V.
I. CERTIFIC.	ATES TO RENEW:		Training Units
Certification Ty	ype Category	Class	Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	А	24
II. CURRENT	EMPLOYMENT INFORMATION		
Employer's Name	:	Phone #:	
Number of Facilit	ies (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	rvices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	se addtional pages as needed	<u> </u>
Facility / Plant Na	nme C	Class PDWIS (Water) NI	DES (Wastewater)
	(OVER)		
(Initial Here	I hereby affirm I have completed the mandatory Cybersecurity t completion with this renewal.	training and have included the	e certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Make checks payable to:	Maryland Board of Waterworks ar	nd 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 re	eturned. O	perator Certification Nu	ımber: 13023
RANDS	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew 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.
	FICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
TEMPORARY	Y WATER TREATMENT		1	24
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	Ιį	provide contractual serv	vices to the Facility
Please provide	e the following information about each Facility/Plant that you op	perate. Use addt	ional pages as needed.	
Facility / Plant	t Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	Here) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	security training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
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	ne of a two page form. Both pages must be completed and return	iea. Op	erator Certification N	umber: 13024
EDMONDS	Please enter you're current address on the lines below and, if nece	ssary,	Certification(s) s below will exp	4/1//11/6
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	150
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		5	45
TEMPORARY	WASTEWATER TREATMENT		Α	24
II. CURREN	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
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I am currently n	ot operating any Facility	I pı	ovide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you operate	e. Use addtio	onal pages as needed.	
Facility / Plant ?	Name	Class F	PDWIS (Water) NP	DES (Wastewater)
	(OLIER)			
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybersecur completion with this renewal.	rity training a	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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	e of a two page form. Both pages must be completed and return	e d. O _I	Operator Certification Number: 13027		
CRAWFORD	Please enter you're current address on the lines below and, if neces	sary,	Certification(s) shown below will expire on: 9/1/2026		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	¥ 1 (1)(1)	
			requirements by t result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.	
I. CERTIFIC	CATES TO RENEW:			Training Units	
Certification 7	Type Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
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	y the Facility owner	
I am currently no	ot operating any Facility	I p	rovide contractual serv	vices to the Facility	
Please provide ti	he following information about each Facility/Plant that you operate	. Use addtie	onal pages as needed.		
Facility / Plant N	Jame	Class I	PDWIS (Water) NPI	DES (Wastewater)	
	(OVER)				
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersecuri completion with this renewal.	ty training a	and have included the	certificate of	



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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This is page one	e of a two page form. Both pages must be completed and returne	urned. Operator Certification Number: 13028			
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$100	
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as d in Section V.	
I. CERTIFIC	ATES TO RENEW:			Training Units	
Certification T	ype Category		Class	Required	
TEMPORARY	WATER TREATMENT		2	24	
TEMPORARY	WASTEWATER TREATMENT		5	45	
TEMPORARY	WASTEWATER TREATMENT		Α	24	
II. CURRENT	EMPLOYMENT INFORMATION				
Employer's Name	×		Phone #:		
Number of Facili	ties (or Plants) that you currently operate:		I am employed by	the Facility owner	
I am currently no	t operating any Facility	I pro	ovide contractual serv	vices to the Facility	
Please provide th	the following information about each Facility/Plant that you operate.	Use addtion	nal pages as needed.		
Facility / Plant N	ame	Class PI	OWIS (Water) NPD	DES (Wastewater)	
	(OVER)				
(Initial Hero		ty training an	d have included the o	certificate of	



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
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Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
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• • • •	ne of a two page form. Both pages must be comple	etea and returned.	Operator Certification I	Number: 13029
TRAVERS	Please enter you're current address on the lines below and, if necessary,		Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print l	egibly.	The fee to rene certifi	w these cations: \$50
			— requirements by result in an a	plete or submit renewal the expiration date will additional late fees as ted in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		5RO	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently r	not operating any Facility	Ι	provide contractual se	ervices to the Facility
Please provide	the following information about each Facility/Plant	that you operate. Use add	tional pages as needed	<i>i</i> l.
Facility / Plant	Name	Class	PDWIS (Water) N	PDES (Wastewater)
	(1)	OVER)		
(Initial He	ere) I hereby affirm I have completed the mandat completion with this renewal.	cory Cybersecurity training	g and have included the	e certificate of



III. CONTINUING EDUCATION:

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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This is page on	ie of a two page form. Both pages must be completed and retui	rned. O	perator Certification Nur	nber: 13197
BURKHARD	Please enter you're current address on the lines below and, if nec	essary,	Certification(s) sh below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	\$50
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
	CATES TO RENEW:			Training Units
Certification ⁷	Type Category		Class	Required
TEMPORARY	WATER DISTRIBUTION		1	24
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	Ιŗ	provide contractual servi	ces to the Facility
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Facility / Plant N	Name	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cybersect completion with this renewal.	ırity training	and have included the co	ertificate of



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	ne of a two page form. Both pages must be completed and ret	urnea. Og	perator Certification N	umber: 13325
MAYNARD	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) s below will exp	
	correct the City, state and 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:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER COLLECTION		1	24
II. CURRENT	Γ EMPLOYMENT INFORMATION			
Employer's Nan	ne:		Phone #:	
Number of Facil	lities (or Plants) that you currently operate:		I am employed b	y the Facility owner
I am currently n	oot operating any Facility	I p	rovide contractual ser	vices to the Facility
Please provide i	the following information about each Facility/Plant that you ope	rate. Use addtio	onal pages as needed.	,
Facility / Plant N	Name	Class I	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial He	I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training a	and have included the	certificate of



III. CONTINUING EDUCATION:

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• • • •	ne of a two page form. Bot	in pages must be completed and retur	nea. O	perator Certification N	umber: 1405
FLOOK		nt address on the lines below and, if nece	essary,	Certification(s) selow will exp	
	correct the City, state and	d 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. CERTIFI	ICATES TO RENEW	<u>':</u>			Training Units
Certification	Type	Category		Class	Required
SUPERINTEN	IDENT	WATER DISTRIBUTION		1	7
II. CURREN	T EMPLOYMENT INF	FORMATION			
Employer's Nar	me:			Phone #:	
Number of Fac	ilities (or Plants) that you cu	arrently operate:		I am employed b	y the Facility owner
I am currently i	not operating any Facility	$\overline{}$	Ιį	provide contractual ser	vices to the Facility
Please provide	the following information a	— bout each Facility/Plant that you opera	te. Use addt	ional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NP	DES (Wastewater)
		(OVER)			
(Initial H	ere) I hereby affirm I had completion with the	ave completed the mandatory Cybersecu is renewal.	rity training	and have included the	certificate of



III. CONTINUING EDUCATION:

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	lease enter you're current address on the lines below and, if necess	sary,	Certification(s) sh below will expin	
co	orrect the City, state and ZIP Code. Please print legibly.		The fee to renew t	\$50
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	oe Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		3	45
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not of	perating any Facility	Ιp	orovide contractual servi	ices to the Facility
Please provide the f	following information about each Facility/Plant that you operate.	Use addti	onal pages as needed.	
Facility / Plant Nam	ie e	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurit completion with this renewal.	y training	and have included the c	ertificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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This is page of	one of a two page form. Both pages must be completed and r	eturned. O	perator Certification Nu	ımber: 1501
ZIRKLE	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew 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.
	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	Ιŗ	provide contractual serv	vices to the Facility
Please provide	e the following information about each Facility/Plant that you o	perate. Use addti	ional pages as needed.	
Facility / Plant	t Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	Here) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	rsecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

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This is page of	one of a two page form. Both pages must be completed and re	eturned. O	perator Certification Nu	ımber: 1685
WOODS	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew 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.
	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	Ιį	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	I hereby affirm I have completed the mandatory Cybers completion with this renewal.	security training	and have included the	certificate of



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	i. O _j	perator Certification Nur	nber: 1865
	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 certificat	\$50
			 requirements by th result in an add 	te or submit renewal e expiration date will itional late fees as in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιp	rovide contractual servi	ces to the Facility
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Facility / Plant Na	me	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	training	and have included the co	ertificate of



III. CONTINUING EDUCATION:

Page 2

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

This is page of	one of a two page form. Both pages must be completed a	nd returned. O	perator Certifcation Nu	ımber: 1935
HAGA	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly	7.	The fee to renew certification	\$50
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	WASTEWATER TREATME	NT	Α	16
OPERATOR	WASTEWATER TREATME	NT	5	30
II. CURREN	NT EMPLOYMENT INFORMATION			
Employer's Na	ame:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	I p	rovide contractual ser	vices to the Facility
Please provide	e the following information about each Facility/Plant that y	ou operate. Use addti	onal pages as needed.	
Facility / Plant	t Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER	2)		
(Initial H	Here) I hereby affirm I have completed the mandatory C	Sybersecurity training	and have included the	certificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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•	ne of a two page form. Both pages must be completed and re-	turnea. O	perator Certification Ni	imber: 2166
BROWN	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		2	16
II. CURREN	T EMPLOYMENT INFORMATION			
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This is page o	one of a two page form. Both pages must be completed and re	eturned. C	perator Certification Nu	ımber: 2178
COOPER	Please enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		2	0
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	Ij	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you op	perate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	Tere) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	security training	and have included the	certificate of



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

Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd 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	ned. O	perator Certification Nu	mber: 2241
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expin	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew to certificate	450
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
TEMPORARY	WATER TREATMENT		4	45
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	Ιŗ	provide contractual serv	ices to the Facility
Please provide the	e following information about each Facility/Plant that you opera	te. Use addti	ional pages as needed.	
Facility / Plant Na	me	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
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Please verify your information shown on this application and make any corrections as needed.

This is page or	ne of a two page form. Both pa	iges must be completed and retur	ned. O	perator Certifcation Nu	mber: 2513
HOFFMAN	Please enter you're current address on the lines below and, if necessary,		essary,	Certification(s) shelow will expire	
	correct the City, state and ZIF	Code. Please print legibly.		The fee to renew certifica	\$100
				 requirements by the result in an add 	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:			_	Training Units
Certification	Type Ca	itegory		Class	Required
OPERATOR	W	ASTEWATER COLLECTION		2	16
OPERATOR	W	ATER DISTRIBUTION		1	16
II. CURREN	Γ EMPLOYMENT INFOR	MATION			
Employer's Nan	ne:			Phone #:	
Number of Faci	lities (or Plants) that you curren	tly operate:		I am employed by	the Facility owner
I am currently n	ot operating any Facility	<u>—</u>	Ιp	rovide contractual serv	ices to the Facility
Please provide	the following information about	each Facility/Plant that you opera	te. Use addti	onal pages as needed.	_
Facility / Plant 1	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial He	re) I hereby affirm I have c	ompleted the mandatory Cybersecu	rity training	and have included the c	ertificate of

completion with this renewal.



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This is page of	one of a two page form. Bo	th pages must be completed and i	returned. (Operator Certifcation Nu	mber: 2548
WHITE	Please enter you're current address on the lines below and, if necessary,		f necessary,	Certification(s) sl below will expi	
	correct the City, state and	d ZIP Code. Please print legibly.		The fee to renew certifica	\$ 100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ICATES TO RENEW				Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION	٨	2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
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Please provide	the following information a	ubout each Facility/Plant that you o	perate. Use add	tional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			
(Initial H	ere) I hereby affirm I h	ave completed the mandatory Cybe	rsecurity training	and have included the o	certificate of

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III. CONTINUING EDUCATION:

Page 2

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• • • •	ie of a two page form. Both pages must be completed and r	eturnea. O	perator Certification N	umber: 2600
RAINEY, JR.	Please enter you're current address on the lines below and, if	necessary,	Certification(s) below will ex	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renev	v these cations: \$50
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification ⁷	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURRENT	FEMPLOYMENT INFORMATION			
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Number of Facil	ities (or Plants) that you currently operate:		I am employed b	by the Facility owner
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Facility / Plant N	Name	Class	PDWIS (Water) NF	PDES (Wastewater)
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(Initial Her	re) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	security training	and have included the	e certificate of



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I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	pe Category		Class	Required
TEMPORARY	WATER TREATMENT		2	24
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
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Facility / Plant Nam	ne	Class F	PDWIS (Water) NPI	DES (Wastewater)
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- I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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This is page one	of a two page form. Both pages must be completed and returned.	. Ope	rator Certification Nu	ımber: 2692
	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
(correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by tresult in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ATES TO RENEW:			Training Units
Certification Ty	ype Category		Class	Required
OPERATOR	INDUSTRIAL WASTEWATER		6	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name:	:		Phone #:	
Number of Faciliti	ies (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not	operating any Facility	I pro	vide contractual ser	vices to the Facility
Please provide the	e following information about each Facility/Plant that you operate. U	Jse addtion	al pages as needed.	_
Facility / Plant Na	me C	Class PI	OWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity to	training an	d have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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

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- Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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- No course can be used more than one time for any three-year renewal period.
- 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 Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page on	ne of a two page f	form. Both pages must be completed and returned.	Operator Certification	Number: 2878	
DONAWAY	Please enter you're current address on the lines below and, if necessary,		Certification(s) shown below will expire on: 9/1/2026		
	correct the City	, state and ZIP Code. Please print legibly.	The fee to rer	new these sifications: \$100	
			requirements result in an	mplete or submit renewal by the expiration date will a additional late fees as ibed in Section V.	
<u>I. CERTIFI</u>	<u>CATES TO F</u>	RENEW:		Training Units	
Certification	Type	Category	Class	Required	
OPERATOR		WASTEWATER TREATMENT	5	30	
OPERATOR		WASTEWATER TREATMENT	Α	16	
OPERATOR		WASTEWATER COLLECTION	2	16	
OPERATOR		WATER TREATMENT	2	16	
II. CURREN	Γ EMPLOYME	ENT INFORMATION			
Employer's Nan	ne:		Phone #:		
Number of Facil	lities (or Plants) th	nat you currently operate:	I am employe	d by the Facility owner	
I am currently no	ot operating any F	Facility	I provide contractual	services to the Facility	
Please provide t	the following info	rmation about each Facility/Plant that you operate. Use	addtional pages as need	'ed.	
Facility / Plant N	Name	Cla	ss PDWIS (Water)	NPDES (Wastewater)	
		(OVER)			
(Initial He		affirm I have completed the mandatory Cybersecurity tra	ining and have included	the certificate of	



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 Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page of	one of a two page form. Both pages must be completed and re	turned. C	perator Certification Nu	ımber: 2917
LEASE	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew 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. CERTIF	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		6	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	I ₁	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you op	erate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
-	(OVER)			
(Initial H	I hereby affirm I have completed the mandatory Cybers completion with this renewal.	ecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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i his is page on	of a two page form. Both pages must be completed and returned.		Operator Certification	Number: 3007
BLACK, JR.	Please enter you're current address on the lines		Certification(s below will e	
	correct the City, state and ZIP Code. Please prin	nt legibly.	The fee to reno certification	ew these fications: \$50
			requirements b result in an	nplete or submit renewal by the expiration date will additional late fees as bed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Type Category		Class	Required
OPERATOR	WASTEWATER TR	EATMENT	3	30
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Nam	e:		Phone #:	
Number of Facil	ities (or Plants) that you currently operate:		I am employed	by the Facility owner
I am currently no	ot operating any Facility	I	provide contractual s	services to the Facility
Please provide t	he following information about each Facility/Pla	nt that you operate. Use add	ltional pages as neede	<u> </u>
Facility / Plant N	Name	Class	PDWIS (Water) N	NPDES (Wastewater)
		(OVER)		
(Initial He	re) I hereby affirm I have completed the man completion with this renewal.	datory Cybersecurity training	g and have included the	ne certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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This is page one	e of a two page form. Both pages must be completed and re	turned. C	Operator Certification Nu	mber: 3025
TWILLEY	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification 7	Гуре Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
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Facility / Plant N	ame	Class	PDWIS (Water) NPD	DES (Wastewater)
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(Initial Her	e) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	ecurity training	g and have included the o	ertificate of



III. CONTINUING EDUCATION:

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This is page of	one of a two page form. Both pages must be completed and r	eturned. C	perator Certification Nu	ımber: 3391
JENKINS	Please enter you're current address on the lines below and, it	f necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WASTEWATER TREATMENT		6	24
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
I am currently	not operating any Facility	Ij	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you o	perate. Use addt	ional pages as needed.	_
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	I hereby affirm I have completed the mandatory Cyber completion with this renewal.	rsecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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This is page one of	a two page form. Both pages must be completed and returned.	Operat	or Certification Nu	ımber: 3396
	'lease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
cor	rect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by to result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
	<u>ΓES TO RENEW:</u>			Training Units
Certification Type	e Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT EM	APLOYMENT 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 op	erating any Facility	I provid	de contractual serv	vices to the Facility
Please provide the fo	ollowing information about each Facility/Plant that you operate. Use	addtional	pages as needed.	
Facility / Plant Name	Clas	ss PDW	VIS (Water) NPI	DES (Wastewater)
				_
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity train completion with this renewal.	ining and l	nave included the	certificate of



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 Certifi	cation Number of
Operator in Resp	onsible Charge:

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This is page o	one of a two page form. Both pages must be completed and r	eturned. (Operator Certification Nu	mber: 3410
KNOTT	Please enter you're current address on the lines below and, if	necessary,	Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		5RO	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	I	provide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant that you of	perate. Use addi	tional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial H	ere) I hereby affirm I have completed the mandatory Cyber completion with this renewal.	security training	g and have included the o	ertificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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This is page of	one of a two page form. Both pages must be completed and re	turned. O	perator Certification Nu	mber: 3505
PRICE	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	ΙI	provide contractual serv	rices to the Facility
Please provide	the following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial H	I hereby affirm I have completed the mandatory Cybers completion with this renewal.	ecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Operator in Resp	onsible Charge:

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This is page one of	of a two page form. Both pages must be completed and return	ned. O	perator Certification Nui	mber: 3659
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expin	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew t	450
			requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
I. CERTIFICA	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT E	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not of	operating any Facility	Ιį	provide contractual servi	ices to the Facility
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Facility / Plant Nar	me	Class	PDWIS (Water) NPD	ES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecus completion with this renewal.	rity training	and have included the c	ertificate of



III. CONTINUING EDUCATION:

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i nis is page of	ne of a two page form. Both pages must be completed and re	turnea. O	perator Certification Ni	1mber: 3662
MASEMER	Please enter you're current address on the lines below and, if	necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	620
			requirements by t result in an ad	ete or submit renewal the expiration date will Iditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMATION			
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Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	security training	and have included the	certificate of



III. CONTINUING EDUCATION:

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This is page one of	of a two page form. Both pages must be completed and returned.	Ol	perator Certification Num	ber: 3747
	Please enter you're current address on the lines below and, if necessary,		Certification(s) sho below will expire	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	\$50
			requirements by the result in an addi	e or submit renewal e expiration date will tional late fees as in Section V.
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Certification Ty	pe Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
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Employer's Name:			Phone #:	
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I am currently not o	operating any Facility	I p	rovide contractual service	es to the Facility
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Facility / Plant Nar	me C	Class 1	PDWIS (Water) NPDF	ES (Wastewater)
				_
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	training a	and have included the ce	rtificate of



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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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This is page one	e of a two page form. Both pages must be completed and	returned.	Operator Certifcation Nu	mber: 3766
COLE	Please enter you're current address on the lines below and, if necessary,		Certification(s) sl below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	4 5 11
				ete or submit renewal
			result in an ad	he expiration date will ditional late fees as
I. CERTIFIC	CATES TO RENEW:		— described	l in Section V.
Certification T	·		Class	Training Units Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT	EMPLOYMENT INFORMATION			
Employer's Name	e:		Phone #:	
Number of Facili	ities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility	I	provide contractual serv	rices to the Facility
Please provide th	he following information about each Facility/Plant that you	operate. Use addi	tional pages as needed.	
Facility / Plant N	ame	Class	PDWIS (Water) NPD	DES (Wastewater)
	(OVER)			
(Initial Her	e) I hereby affirm I have completed the mandatory Cybe completion with this renewal.	ersecurity training	and have included the c	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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• 63	ne of a two page form. Both pages must be completed and	returnea. O	perator Certification N	imber: 3/6/
MINER, III	Please enter you're current address on the lines below and,	if necessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	620
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		4	30
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Faci	ilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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III. CONTINUING EDUCATION:

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	e oi a two page iorm. Bo	oth pages must be completed and returne	a. Oj	berator Certification Nu	mber: 3882	
BARNHART	Please enter you're current address on the lines below and, if necessary,		ary,	Certification(s) shown below will expire on: 9/1/202		
	correct the City, state an	d ZIP Code. Please print legibly.		The fee to renew certifica	X 1 O O	
				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 RENEV	<u>V:</u>			Training Units	
Certification 7	Туре	Category		Class	Required	
SUPERINTENE	DENT	WASTEWATER TREATMENT		Α	7	
TEMPORARY		WATER TREATMENT		5AS	24	
SUPERINTEN	DENT	WASTEWATER TREATMENT		5	7	
II. CURRENT	EMPLOYMENT IN	FORMATION				
Employer's Nam	e:			Phone #:		
Number of Facil	ities (or Plants) that you c	urrently operate:		I am employed by	the Facility owner	
I am currently no	ot operating any Facility		Ιp	rovide contractual serv	ices to the Facility	
Please provide t	he following information (about each Facility/Plant that you operate.	Use addtie	onal pages as needed.		
Facility / Plant N	Jame		Class 1	PDWIS (Water) NPD	DES (Wastewater)	
		(OVER)				
		(OVER)				
(Initial Her	re) I hereby affirm I hereby affirm I hereby affirm I h	have completed the mandatory Cybersecurity his renewal.	y training a	and have included the c	ertificate of	



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

This is page of	ne of a two page form. Botl	n pages must be completed and ret	turned.	perator Certifcation Nu	mber: 3919
DEFRIECE	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) sl below will expir	
	correct the City, state and	ZIP Code. Please print legibly.		The fee to renew certifica	\$100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:				Training Units
Certification	Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	T EMPLOYMENT INF	ORMATION			
Employer's Nar	me:			Phone #:	
Number of Faci	ilities (or Plants) that you cur	rently operate:		I am employed by	the Facility owner
I am currently r	not operating any Facility	7	I	provide contractual serv	ices to the Facility
Please provide	the following information ab	oout each Facility/Plant that you ope	erate. Use addt	ional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			
(Initial He	ere) — I hereby affirm I ha	ve completed the mandatory Cyberse	ecurity training	and have included the o	certificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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This is page of	one of a two page form. Both pages must be completed and return	ned. Or	perator Certification Nu	ımber: 4712
SMART	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	6.51
			requirements by to result in an ad	ete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIF	ICATES TO RENEW:			Training Units
Certification	n Type Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
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Employer's Na	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	y the Facility owner
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Facility / Plant	Name	Class I	PDWIS (Water) NPI	DES (Wastewater)
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/ T 1.1 1 T T		• • •		
(Initial H	Iere) I hereby affirm I have completed the mandatory Cybersecus completion with this renewal.	rity training a	and have included the	certificate of



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	e enter you're current address on the lines below and, if necessary,	Certification(s) shown below will expire on	
correc	ct the City, state and ZIP Code. Please print legibly.	The fee to renew these certifications	\$100
		Failure to complete or requirements by the ex result in an addition described in S	piration date will nal late fees as
I. CERTIFICATE Certification Type	ES TO RENEW: Category		Training Units Required
SUPERINTENDENT	WATER TREATMENT	3	7
OPERATOR	INDUSTRIAL WASTEWATER		30
SUPERINTENDENT	WASTEWATER TREATMENT		7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	4	7
SUPERINTENDENT	WATER TREATMENT	5	7
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	5RO	16
OPERATOR	WASTEWATER TREATMENT	A	16
II. CURRENT EMP	PLOYMENT INFORMATION		
Employer's Name:		Phone #:	
Number of Facilities (or	r Plants) that you currently operate:	I am employed by the I	Facility owner
I am currently not opera	ating any Facility	I provide contractual services	to the Facility
Please provide the follo	owing information about each Facility/Plant that you operate. Use a	ddtional pages as needed.	
Facility / Plant Name	Class		Wastewater)
	(OVER)		
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity train	ing and have included the certifi	cate of



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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

V. LATE FEES AND REINSTATEMENT

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

Applicant's Signature	Date		
Last 4 digits of Social Security Number	Email Address		
Make checks payable to:	Maryland Board of Waterworks ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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

This is page on	e of a two page form. Both pages	must be completed and return	ed. O ₁	perator Certification Nu	mber: 6379
NORWOOD	Please enter you're current address on the lines below and, if necessary,		ssary,	Certification(s) sh below will expir	
	correct the City, state and ZIP Co	de. Please print legibly.		The fee to renew to certificate	\$100
				- requirements by the result in an add	te or submit renewal ne expiration date will ditional late fees as in Section V.
	CATES TO RENEW:				Training Units
Certification	Type Cate	jory		Class	Required
OPERATOR	WAS	TEWATER COLLECTION		2	16
OPERATOR	WATE	R DISTRIBUTION		1	16
II. CURRENT	TEMPLOYMENT INFORMA	ATION			
Employer's Nam	e:			Phone #:	
Number of Facil	ities (or Plants) that you currently of	operate:		I am employed by	the Facility owner
I am currently no	ot operating any Facility		I p	rovide contractual serv	ices to the Facility
Please provide t	he following information about eac	h Facility/Plant that you operate	e. Use addti	onal pages as needed.	
Facility / Plant N	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial He	re) I hereby affirm I have com	pleted the mandatory Cybersecur	ity training :	and have included the c	ertificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd 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	v emial in lieu	ı of mail



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This is page or	ne of a two page form. Both pages must be comp	oleted and returned.	Operator Certification	Number: 6615
ZECHMAN	Please enter you're current address on the lines below and, if necessary,		Certification(s below will ex	
	correct the City, state and ZIP Code. Please prin	t legibly.	The fee to rene certif	ew these ications: \$100
			requirements by result in an	plete or submit renewal y the expiration date will additional late fees as bed in Section V.
I. CERTIFIC	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER DISTRIBU	TION	1	16
SUPERINTEN	DENT WATER DISTRIBU	TION	1	7
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		I provide contractual se	ervices to the Facility
Please provide	the following information about each Facility/Plan	nt that you operate. Use a	ddtional pages as neede	d.
Facility / Plant 1	Name	Class	PDWIS (Water) N	PDES (Wastewater)
		(OVER)		
/I '.' 1 TT	11 1 2 00 11 1 1 1 1 1	` '	11	1.C. 1. C
(Initial He	re) I hereby affirm I have completed the mand completion with this renewal.	datory Cybersecurity train	ing and have included th	ne certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
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This is page o	ne of a two page form.	Both pages must be completed and ret	urned. C	Operator Certification Nur	mber: 7297
MATHIS	•	Please enter you're current address on the lines below and, if necessary,		Certification(s) sh below will expir	
со	correct the City, state	and ZIP Code. Please print legibly.		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.
	CATES TO RENE	<u>EW:</u>			Training Units
Certification	Type	Category		Class	Required
SUPERINTEN	IDENT	WATER TREATMENT		4	7
II. CURREN	T EMPLOYMENT I	NFORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	ilities (or Plants) that you	a 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 informatio	n about each Facility/Plant that you ope	rate. Use addi	tional pages as needed.	
Facility / Plant	Name		Class	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial H	ere) I hereby affirm completion with	I have completed the mandatory Cyberse this renewal.	ecurity training	g and have included the co	ertificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page one of a two page form. Both pages must be completed and return			erator Certifcation Nu	ımber: 7303
	se enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
corre	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$ 100
			requirements by t	ete or submit renewal the expiration date will ditional late fees as d in Section V.
I. CERTIFICATI	ES TO RENEW:			Training Units
Certification Type	Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		1	16
SUPERINTENDENT	WATER TREATMENT		2	7
II. CURRENT EMI	PLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities (c	or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently not oper	rating any Facility	I pr	ovide contractual serv	vices to the Facility
Please provide the foll	owing information about each Facility/Plant that you operate	e. Use addtio	nal pages as needed.	
Facility / Plant Name		Class P	DWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecur completion with this renewal.	rity training a	nd have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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This is page on	e of a two page form.	Both pages must be completed and returned.	Oper	ator Certification N	umber: 7393
KIEBLER		lease enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state	and ZIP Code. Please print legibly.		The fee to renew certific	\$ 100
				requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
<u>I. CERTIFI</u>	<u>CATES TO RENI</u>	<u>EW:</u>			Training Units
Certification '	Type	Category		Class	Required
OPERATOR		WATER DISTRIBUTION		1	16
SUPERINTENI	DENT	WASTEWATER COLLECTION		2	7
SUPERINTENI	DENT	WATER DISTRIBUTION		1	7
OPERATOR		WASTEWATER COLLECTION		2	16
II. CURRENT	ΓEMPLOYMENT I	NFORMATION			
Employer's Nam	ne:			Phone #:	
Number of Facil	lities (or Plants) that you	u currently operate:		I am employed by	y the Facility owner
I am currently no	ot operating any Facility	<u> </u>	I prov	vide contractual ser	vices to the Facility
Please provide t	he following informatio	on about each Facility/Plant that you operate. Us	se addtion	al pages as needed.	_
Facility / Plant N	Name	C	Class PD	WIS (Water) NP	DES (Wastewater)
					_
					_
					_
		(OVER)			
(Initial He	re) I hereby affirm completion with	I have completed the mandatory Cybersecurity to this renewal.	training and	d have included the	certificate of



III. CONTINUING EDUCATION:

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Operator in Resp	onsible 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 ar	nd Waste Systems Operators	
Mail to: Maryland Department of	of the Environment, P.O. Box 2057	, Baltimore, Maryland 21203-1708	
* AN INCOMPI	ETE APPLICATION WILL	RE RETURNED *	

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



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	e of a two page form. Both pages must be completed and reti	urnea. O	perator Certification N	umber: 7518
GUTIERREZ	Please enter you're current address on the lines below and, if no	ecessary,	Certification(s) below will exp	
	correct the City, state and 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:			Training Units
Certification 7	Гуре 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 b	y the Facility owner
I am currently no	ot operating any Facility	ΙI	provide contractual ser	vices to the Facility
Please provide th	he following information about each Facility/Plant that you ope	rate. Use addti	ional pages as needed.	
Facility / Plant N	Jame	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial Her	re) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	curity training	and have included the	certificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible 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 of	ne of a two page form. Both pages must be completed and ref	turned. C	Operator Certification Nu	mber: 8535
ASHFORD	Please enter you're current address on the lines below and, if r	necessary,	Certification(s) sl below will expir	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	CATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WASTEWATER COLLECTION		2	16
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	ne:		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	Ij	provide contractual serv	ices 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) NPD	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberse completion with this renewal.	ecurity training	and have included the c	ertificate of



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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

This is page of	one of a two page form. Both p	ages must be completed and returned	1. O _I	perator Certification Nur	mber: 8581
SMITH	Please enter you're current address on the lines below and, if necessary,		ary,	Certification(s) sh below will expin	
	correct the City, state and ZII	P Code. Please print legibly.		The fee to renew t	\$100
				- requirements by the result in an add	te or submit renewal ne expiration date will litional late fees as in Section V.
	ICATES TO RENEW:				Training Units
Certification	Type C	ategory		Class	Required
OPERATOR	IN	IDUSTRIAL WASTEWATER		6	16
SUPERINTEN	NDENT IN	IDUSTRIAL WASTEWATER		6	7
II. CURREN	T EMPLOYMENT INFOR	RMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you curren	itly operate:		I am employed by	the Facility owner
I am currently	not operating any Facility		I p	rovide contractual servi	ces to the Facility
Please provide	the following information abou	t each Facility/Plant that you operate.	Use addtie	onal pages as needed.	
Facility / Plant	Name		Class 1	PDWIS (Water) NPD	ES (Wastewater)
		(OVER)			
(Initial H	ere) I hereby affirm I have of	completed the mandatory Cybersecurity	training a	and have included the c	ertificate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

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Last 4 digits of Social Security Number	Email Address		
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This is page o	one of a two page form. Both pages must be completed an	d returned.	Operator Certification Number: 9131		
STATLER	Please enter you're current address on the lines below and		Certification(s) shown below will expire on: 9/1/2026		
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	these sations: \$100	
			— requirements by result in an a	lete or submit renewal the expiration date will dditional late fees as ed in Section V.	
I. CERTIFI	ICATES TO RENEW:			Training Units	
Certification	Type Category		Class	Required	
OPERATOR	WASTEWATER TREATMEN	NT	Α	16	
OPERATOR	WATER TREATMENT		4	30	
OPERATOR	WASTEWATER TREATMEN	NT	5	30	
II. CURREN	T EMPLOYMENT INFORMATION				
Employer's Naı	me:		Phone #:		
Number of Fac	ilities (or Plants) that you currently operate:		I am employed b	y the Facility owner	
I am currently 1	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	ltional pages as needed		
Facility / Plant	Name	Class	PDWIS (Water) NP	DES (Wastewater)	
	(OVER)	<u> </u>			
/T ',' 1 TT			11 2 1 1 1 3		
(Initial He	ere) I hereby affirm I have completed the mandatory Cy completion with this renewal.	bersecurity trainin	g and have included the	certificate of	



III. CONTINUING EDUCATION:

Page 2

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QUARTEY	Please enter you're current address on the lines below and, if n	ecessary,	Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certific	\$50
			requirements by result in an ac	lete or submit renewal the expiration date will lditional late fees as d in Section V.
I. CERTIFI	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
TEMPORARY	WATER TREATMENT		4	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	y the Facility owner
I am currently r	not operating any Facility	ΙI	provide contractual ser	vices to the Facility
Please provide	the following information about each Facility/Plant that you ope	erate. Use addti	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NP	DES (Wastewater)
	(OVER)			
(Initial He	ere) I hereby affirm I have completed the mandatory Cyberso completion with this renewal.	ecurity training	and have included the	certificate of



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This is page of	one of a two page form. Bo	th pages must be completed and re	eturned.	Operator Certifcation Nu	mber: 9207
TAYLOR	Please enter you're current address on the lines below and, if necessary,		necessary,	Certification(s) sl below will expi	
	correct the City, state and	d ZIP Code. Please print legibly.		The fee to renew certifica	\$ 100
				requirements by the result in an add	ete or submit renewal he expiration date will ditional late fees as I in Section V.
	ICATES TO RENEW				Training Units
Certification	n Type	Category		Class	Required
OPERATOR		WASTEWATER COLLECTION		2	16
OPERATOR		WATER DISTRIBUTION		1	16
II. CURREN	NT EMPLOYMENT INI	FORMATION			
Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
I am currently	not operating any Facility	_	I	provide contractual serv	rices to the Facility
Please provide	the following information a	bout each Facility/Plant that you op	perate. Use addi	tional pages as needed.	_
Facility / Plant	Name		Class	PDWIS (Water) NPD	DES (Wastewater)
		(OVER)			
(Initial H	Iere) I hereby affirm I h	ave completed the mandatory Cyber	security training	and have included the o	certificate of

completion with this renewal.



III. CONTINUING EDUCATION:

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Make checks payable to:	Maryland Board of Waterworks ar	nd 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. Both pages must be completed and re	turned. C	perator Certification Nu	mber: 9217
BOWDEN	Please enter you're current address on the lines below and, if r	necessary,	Certification(s) si below will expi	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certifica	\$50
			requirements by t result in an ad	ete or submit renewal he expiration date will ditional late fees as l in Section V.
	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
OPERATOR	WATER TREATMENT		G	7
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	I	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you op-	erate. Use addt	ional pages as needed.	_
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial Ho	ere) I hereby affirm I have completed the mandatory Cybers completion with this renewal.	ecurity training	and have included the	certificate of



III. CONTINUING EDUCATION:

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This is page o	ne of a two page fo	rm. Both pages must be completed and returned.	Operator Certification 1	Number: 9218
DRIVER		re current address on the lines below and, if necessary,	Certification(s) below will ex	
	correct the City, s	state and ZIP Code. Please print legibly.	The fee to rene certifi	w these ications: \$100
			requirements by	plete or submit renewal y the expiration date will additional late fees as ped in Section V.
I. CERTIFI	CATES TO RI	ENEW:		Training Units
Certification	Type	Category	Class	Required
OPERATOR		WASTEWATER COLLECTION	2	16
OPERATOR		WATER TREATMENT	3	30
OPERATOR		WASTEWATER TREATMENT	5	30
OPERATOR		WASTEWATER TREATMENT	А	16
II. CURREN	T EMPLOYMEN	NT INFORMATION		
Employer's Na	me:		Phone #:	
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I am currently i	not operating any Fa	cility	I provide contractual se	ervices to the Facility
Please provide	the following inform	nation about each Facility/Plant that you operate. Use	addtional pages as needed	d.
Facility / Plant	Name	Clas	ss PDWIS (Water) N	PDES (Wastewater)
		(OVER)		
/ * • • • ===	,			
(Initial H		firm I have completed the mandatory Cybersecurity trait with this renewal.	ining and have included th	e certificate of



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BOAL, IV	Please enter you're current address on the lines below and, if necessary,		у,	Certification(s) shown below will expire on: 9/1/2		
	correct the City,	state and ZIP Code. Please print legibly.		The fee to rer	new these ifications:	\$100
				requirements result in ar	by the exp	submit renewal iration date will al late fees as ction V.
<u>I. CERTIFI</u>	CATES TO R	RENEW:			Т	raining Units
Certification	Type	Category		Class		equired
SUPERINTEN	IDENT	WATER TREATMENT		4	7	
TEMPORARY		WASTEWATER TREATMENT		5	4	5
OPERATOR		WASTEWATER TREATMENT		3	30)
OPERATOR		WATER TREATMENT		5DE	10	6
OPERATOR		WATER TREATMENT		4	30)
II. CURREN	T EMPLOYME	ENT INFORMATION				
Employer's Nar	ne:			Phone #:	:	
Number of Faci	ilities (or Plants) th	nat you currently operate:		I am employe	d by the Fa	cility owner
I am currently r	not operating any F	acility	I pro	vide contractual	services to	the Facility
Please provide	the following infor	mation about each Facility/Plant that you operate. Us	se addtion	nal pages as need	led.	_
Facility / Plant	Name	C	lass PI	OWIS (Water)	NPDES (W	/astewater)
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(Initial He	ere) I hereby a	ffirm I have completed the mandatory Cybersecurity to	raining an	nd have included i	the certific	ate of

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HUTCHINS, JR. Pl	ry,	Certification(s) shown below will expire on: 9/1/202		
correct the City, state and ZIP Code. Please print legibly.			The fee to renev	v these cations: \$100
			requirements by result in an a	olete or submit renewal the expiration date will dditional late fees as ed in Section V.
I. CERTIFICA	TES TO RENEW:			Training Units
Certification Typ	De Category		Class	Required
OPERATOR	WASTEWATER TREATMENT		5	30
OPERATOR	WASTEWATER TREATMENT		Α	16
OPERATOR	WATER TREATMENT		2	16
II. CURRENT E	MPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilities	s (or Plants) that you currently operate:		I am employed b	by the Facility owner
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Facility / Plant Nam	ie C	Class PD	WIS (Water) NP	PDES (Wastewater)
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(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity t	training and	d have included the	certificate of

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PARKER	Please enter you're current address on the lines below and, if necessary,		ecessary,	Certification(s) sl below will expi	
	correct the City, state and	I ZIP Code. Please print legibly.		The fee to renew certifica	\$ 100
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OPERATOR		WATER DISTRIBUTION		1	16
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Employer's Na	me:			Phone #:	
Number of Fac	cilities (or Plants) that you cu	arrently operate:		I am employed by	the Facility owner
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This is page o	one of a two page form. Both pages must be completed and	returned. C	perator Certification Nu	ımber: 9621
TAYLOR	Please enter you're current address on the lines below and, if necessary,		Certification(s) s below will exp	
	correct the City, state and ZIP Code. Please print legibly.		The fee to renew certification	\$50
			requirements by t result in an ad	ete or submit renewal the expiration date will ditional late fees as d in Section V.
	ICATES TO RENEW:			Training Units
Certification	Type Category		Class	Required
SUPERINTEN	NDENT WATER TREATMENT		4	7
II. CURREN	T EMPLOYMENT INFORMATION			
Employer's Nar	me:		Phone #:	
Number of Fac	cilities (or Plants) that you currently operate:		I am employed by	the Facility owner
I am currently i	not operating any Facility	I ₁	provide contractual serv	vices to the Facility
Please provide	the following information about each Facility/Plant that you	operate. Use addt	ional pages as needed.	
Facility / Plant	Name	Class	PDWIS (Water) NPI	DES (Wastewater)
	(OVER)			
(Initial H	I hereby affirm I have completed the mandatory Cybe completion with this renewal.	ersecurity training	and have included the	certificate of



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

IV, REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certifi	cation Number of
Operator in Resp	onsible Charge:

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

- 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 ar	nd 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 returne	d. (Operator Certification Num	ber: 9663
	se enter you're current address on the lines below and, if necessary,		Certification(s) sho below will expire	
c	correct the City, state and ZIP Code. Please print legibly.		The fee to renew the certification	\$50
			Failure to complete — requirements by the result in an addir — described in	expiration date will
	ATES TO RENEW:			Training Units
Certification Ty	pe Category		Class	Required
OPERATOR	WATER DISTRIBUTION		1	16
II. CURRENT I	EMPLOYMENT INFORMATION			
Employer's Name:			Phone #:	
Number of Facilitie	es (or Plants) that you currently operate:		I am employed by the	e Facility owner
I am currently not	operating any Facility	I	provide contractual service	es to the Facility
Please provide the	following information about each Facility/Plant that you operate.	Use addı	tional pages as needed.	
Facility / Plant Nar	me	Class	PDWIS (Water) NPDE	S (Wastewater)
-				
	(OVER)			
(Initial Here)	I hereby affirm I have completed the mandatory Cybersecurity completion with this renewal.	y training	and have included the cer	tificate of



III. CONTINUING EDUCATION:

Page 2

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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 i	nust be completed and returned.	. Ope	erator Certifcation Nu	mber:	9703
	Please enter you're current address on the lines below and, if necessa		ry,	Certification(s) sl below will expir		9/1/2026
	correct the City, state and ZIP Cod	ect the City, state and ZIP Code. Please print legibly.		The fee to renew certifica		\$100
				Failure to comple requirements by the result in an add	he exp ditiona	iration date will al late fees as
I. CERTIFIC	ATES TO RENEW:			described		raining Units
Certification Ty	/pe Catego	ory		Class		equired
OPERATOR	WASTE	WATER COLLECTION		2	16	6
OPERATOR	WATER	RDISTRIBUTION		1	16	6
II. CURRENT	EMPLOYMENT INFORMA	ΓΙΟΝ				
Employer's Name				Phone #:		
Number of Facilit	es (or Plants) that you currently op	erate:		I am employed by	the Fa	cility owner
I am currently not	operating any Facility		I pro	ovide contractual serv	rices to	the Facility
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Facility / Plant Na	me	(Class Pl	DWIS (Water) NPD	DES (W	Vastewater)
		(OVER)				
(Initial Here	I hereby affirm I have compl	eted the mandatory Cybersecurity	training a	nd have included the o	certific	ate of

completion with this renewal.



III. CONTINUING EDUCATION:

Page 2

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co				The fee to ren	ew these fications:	\$50
				— requirements by result in an	y the exp	submit renewal iration date will al late fees as ction V.
I. CERTIFICA	TES TO RENEW	<u>.</u>			Т	raining Units
Certification Typ	e	Category		Class	R	equired
SUPERINTENDE	NT	WASTEWATER TREATMEN	Т	Α	7	
SUPERINTENDE	NT	WASTEWATER TREATMEN	Т	5	7	
II. CURRENT E	MPLOYMENT INF	ORMATION				
Employer's Name:				Phone #:		
Number of Facilities	s (or Plants) that you cu	rrently operate:		I am employed	d by the Fa	cility owner
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Please provide the f	collowing information a	bout each Facility/Plant that you	operate. Use add	tional pages as need	ed.	_
Facility / Plant Nam	e		Class	PDWIS (Water) 1	NPDES (V	Vastewater)
		(
		(OVER)				
(Initial Here)	I hereby affirm I hat completion with the	we completed the mandatory Cylis renewal.	persecurity training	g and have included t	he certific	ate of



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