



**APPLICATION FOR
OPERATOR IN TRAINING (TEMPORARY) CERTIFICATE**

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

(Please Print or Type All Information except Signatures)

I: GENERAL INFORMATION:

Name: _____ Social Security Number: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Telephone: _____
 Email Address: _____

Please provide the following information if you hold any other certificates issued by the Board of Water And Wastewater Systems Operators:

Certificate No _____ Expiration date _____

Category and Class of Certificate Applied For (Circle Below)

- Wastewater Treatment (W) 1 2 3 4 5 6 S A
- Water Treatment (T) 1 2 3 4 5 G
(For Water 5 write RO, DE, Arsenic or GWUDI)
- Industrial Wastewater (I) 1 2 3 4 5 6 7
- Wastewater Collection (C) 1 2
- Water Distribution (D) 1

II: EMPLOYMENT INFORMATION (to be completed by employer)

Name of the Facility: _____ Telephone: _____
 Street Address: _____
 City _____ State _____ Zip Code _____

Category and Class of the most complex Facility: _____

Wastewater NPDES Permit(s): _____ Drinking Water PWSID(s) _____

The applicant's job or position title: _____

The job duties of this position: _____

The applicant began employment in **this position** on: _____

The applicant's immediate supervisor: _____

III: OPERATOR IN RESONSIBLE CHARGE

COMAR 26.06.01.06 requires an Operator In Training (OIT) work under the direction of a certified Operator In Responsible Charge (ORC) or Superintendent. Please verify the ORC certificate is active and authorized to direct the OIT.

Name of Superintendent/ Operator in Responsible Charge: _____

Certification # _____ Telephone number: (_____) _____

IV: APPLICANT'S CERTIFICATION AND SIGNATURE

I hereby affirm that this application contains no willful misrepresentations of 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 applicaton will be disapproved or my certification will be revoked.

(Date)

(Applicant's Signature)

I consent to receive the certificate(s) by email in lieu of mail (email address is required)

V. EMPLOYER'S CERTIFICATION AND SIGNATURE:

I hereby certify that the applicant is employed at the facility described above as an "operator" as defined by Code of Maryland Regulations (COMAR) 26.06.01.01b(10)(a). I further certify that the information given on this application is correct to the best of my knowledge.

(Name of Authorized Person)

(Title)

(Date)

(Signature)

- **The application fee is \$50 for each certification requested**
- **Make checks or money orders payable to Board of Waterworks and Waste Systems Operators**
- **Mail application form with fee to: Board of Waterworks and Waste Systems Operators
Maryland Department of the Environment
P.O. Box 2057, Baltimore, Maryland 21203-2057**

Incomplete applications will be returned. Applications separated from payments may be delayed

WWSO Contact Phone: 410-537-3167 Email: wwso.board@maryland.gov (applications are not accepted by email)