



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

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

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

Operator Certification Number: **0129**

GENE WHITNEY

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Operator Certification Number: **0191**

ROBERT E. PENMAN, JR.

Certification(s) shown below will expire on: **12/1/2022**

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

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

(OVER)



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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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Operator Certification Number: **0216**

LARRY OWEN

Certification(s) shown below will expire on: **12/1/2022**

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



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Name and Certification Number of Operator in Responsible Charge:

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

Date \_\_\_\_\_

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

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Operator Certification Number: **0330**

ROCKY L. BISHOP, JR.

Certification(s) shown below will expire on: **12/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



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\_\_\_\_\_

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Operator Certification Number: **0374**

MICHAEL A. RICHARDSON

Certification(s) shown below will expire on: **12/1/2022**

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



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Operator Certification Number: **0435**

RONALD M. ROARK, SR.

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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_____			
_____			

(OVER)



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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

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

Operator Certification Number: **0563**

KRISTAPHER BRYAN

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: 0645

JOSH HESTER

Certification(s) shown below will expire on: 12/1/2022

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

The fee to renew these certifications: \$50

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Rows include TEMPORARY WASTEWATER TREATMENT with classes 5 and A.

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #:

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater)

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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

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Operator Certification Number: 0687

CHRISTOPHER L. COMBS

Certification(s) shown below will expire on: 12/1/2022

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

The fee to renew these certifications: \$100

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Rows include OPERATOR WATER DISTRIBUTION (Class 1, 16 units) and OPERATOR WASTEWATER COLLECTION (Class 2, 16 units).

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple rows for listing facilities.

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **0742**

KOYA BROWN

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **0773**

DONNELL TEMPLETON

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **0786**

LEROY PATTERSON

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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





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

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

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Operator Certification Number: **0787**

STEPHAN BARBER

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: 0802

DONALD HALL

Certification(s) shown below will expire on: 12/1/2022

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

The fee to renew these certifications: \$100

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Rows include OPERATOR WASTEWATER COLLECTION (Class 2, 16 units) and OPERATOR WATER DISTRIBUTION (Class 1, 16 units).

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple rows for listing facilities.

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **0975**

FRANCISCO MERCADO

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10199**

STEVEN MOGEL

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

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I provide contractual services to the Facility

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

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

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Operator Certification Number: **10310**

SEAN KELLY

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

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

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**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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

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

Operator Certification Number: 10402

SHAKA K FREEMAN

Certification(s) shown below will expire on: 12/1/2022

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

The fee to renew these certifications: \$50

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, 3, 45

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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Operator Certification Number: **10431**

STEPHEN P DEAN, JR

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10520**

MICHAEL J MOSELEY, JR

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

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

Date \_\_\_\_\_

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

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





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

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Operator Certification Number: 10521

DAVID JOHNSON

Certification(s) shown below will expire on: 12/1/2022

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

The fee to renew these certifications: \$50

Three horizontal lines for address entry.

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, 3, 45

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple horizontal lines for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10543**

ALONZO JR HUNTER

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

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I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10548**

TYRONE S MCNEILL

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

Operator Certification Number: **10720**

THOMAS BRUMWELL, JR

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	5	30
OPERATOR	WATER TREATMENT	3	30
OPERATOR	WATER TREATMENT	5RO	16
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10730**

DEVONTE CRAWFORD

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **10746**

JOSEPH P ZWEBER

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **1075**

JAMES ALLEN WILLS

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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

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Operator Certification Number: **10751**

PATRICK KELLY

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

(OVER)



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

III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **10752**

JOSH BAKER

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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Operator Certification Number: **10753**

BRENT CAVALIER

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **11147**

ELIZABETH LANZA

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **11166**

ALPHONSO RUSSELL

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

Date \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **11167**

HUNTER LEWIS

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

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Date \_\_\_\_\_

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Operator Certification Number: **11168**

RICHARD M OLIVER

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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(OVER)



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

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\_\_\_\_\_

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

Operator Certification Number: **11169**

WILLIAM ZEBULON COLLISON

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **11170**

ANTHONY MALDONADO

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **11173**

KHALIL ELSHAZLY

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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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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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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

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

Operator Certification Number: **11176**

ROBERT COATES

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	4	24

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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

Operator Certification Number: 11178

KAITLYN FUSS

Certification(s) shown below will expire on: 12/1/2022

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

The fee to renew these certifications: \$50

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, 3, 45

II. CURRENT EMPLOYMENT INFORMATION

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

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

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

Date \_\_\_\_\_

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

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

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

Operator Certification Number: **11179**

KATHERINE C FUSS

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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





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

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

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

Operator Certification Number: 11183

BRIAN SIMON

Certification(s) shown below will expire on: 12/1/2022

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

The fee to renew these certifications: \$100

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Rows include TEMPORARY WASTEWATER COLLECTION (Class 2, 24 units) and TEMPORARY WATER DISTRIBUTION (Class 1, 24 units).

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

Table for facility information with columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Includes multiple blank rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **11184**

ELLIOTT GOERG

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **11185**

BENJAMIN MARTIN

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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

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

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

Operator Certification Number: **11188**

HECTOR RAMIREZ

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **11190**

GREGORY S GOMEZ

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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

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Operator Certification Number: **11191**

REZONNE R DUNCAN

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

Operator Certification Number: **11192**

SCOTT THOMPSON

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **11193**

JOSEPH G BARKER, SR

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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

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

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

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Operator Certification Number: **11194**

JASON DUNNING

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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

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

Operator Certification Number: **11195**

JOE TERRY

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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Operator Certification Number: **11196**

AARON D. MARTIN

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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



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

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

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

Operator Certification Number: **1131**

GREGORY DELOACH

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **1166**

BRUCE FOOTE

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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

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Operator Certification Number: 1180

LUIS D. GOMEZ

Certification(s) shown below will expire on: 12/1/2022

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

The fee to renew these certifications: \$50

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

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, A, 24

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

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

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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Operator Certification Number: **1181**

JASON E. MANNING

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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I provide contractual services to the Facility

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

(OVER)



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

III. CONTINUING EDUCATION:

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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Operator Certification Number: **1208**

ANDREW THOMAS

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

(OVER)



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

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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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Operator Certification Number: 1241

LISA A. FERONTI

Certification(s) shown below will expire on: 12/1/2022

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

The fee to renew these certifications: \$50

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I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WATER DISTRIBUTION, 1, 16

II. CURRENT EMPLOYMENT INFORMATION

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

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

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

Table with 4 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



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

III. CONTINUING EDUCATION:

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

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

Date \_\_\_\_\_

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

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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



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

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

Operator Certification Number: **1311**

DANIEL S. BOYLAN

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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

Date \_\_\_\_\_

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Operator Certification Number: **1344**

STEVEN ADAMS

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	2	7
SUPERINTENDENT	WASTEWATER TREATMENT	3	7

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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

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

Date \_\_\_\_\_

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

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Operator Certification Number: **1467**

CHRISTIN L. YIANNAKIS

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

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

(OVER)



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

III. CONTINUING EDUCATION:

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

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

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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Operator Certification Number: **1505**

JOHN W. LEAK, JR.

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

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I provide contractual services to the Facility

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

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

(OVER)



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

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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Operator Certification Number: **1577**

JOHN THOMAS MARTIN

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

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(OVER)



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

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

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

Operator Certification Number: **1688**

ALBERT C. GREENE

Certification(s) shown below will expire on: **12/1/2022**

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

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

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

**I. CERTIFICATES TO RENEW:**

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

**II. CURRENT EMPLOYMENT INFORMATION**

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

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

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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Operator Certification Number: **1735**

LEONARD COATES

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: 1777

ARTHUR JOHNSON

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Rows include OPERATOR WASTEWATER TREATMENT with classes 5 and A.

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: Phone #: I am employed by the Facility owner

Number of Facilities (or Plants) that you currently operate: I provide contractual services to the Facility

I am currently not operating any Facility

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Includes multiple blank rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **1848**

JACK EDWARD BRADSHAW, JR

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45
TEMPORARY	WATER TREATMENT	5	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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III. CONTINUING EDUCATION:

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **2130**

CHARLES H. HEINE

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

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Operator Certification Number: **2256**

FRANK L NABOZNY

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
SUPERINTENDENT	WASTEWATER COLLECTION	2	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by email in lieu of mail





**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **2326**

CHANDRA B. SINGH

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	4	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
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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.
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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: 2329

JOSHUA THOMPSON

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WATER DISTRIBUTION, 1, 16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2361**

MARIO BENITEZ

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2514**

KELLY TREGO

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	3	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **2539**

STEF-NEE Q, SCOTT

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2556**

CORY L. WHITE

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	A	24
TEMPORARY	WASTEWATER TREATMENT	5	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by email in lieu of mail



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: 2593

JAMES A. SMITH

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Three horizontal lines for address entry.

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: SUPERINTENDENT, WASTEWATER COLLECTION, 2, 7

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple horizontal lines for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **2727**

JAMES FOOTE

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3007**

WILLIAM S. BLACK, JR.

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3009**

GARY EPPLEY

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

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Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: 3228

ELDRIDGE GEORGE ENNALS, JR

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, INDUSTRIAL WASTEWATER, 5, 45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)



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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **3229**

STEVEN B. DUNGAN, JR

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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[ ] I consent to receive my certificate(s) by email in lieu of mail





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Operator Certification Number: **3235**

ADAM SAYERS HOCK

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3250**

ROBERT MCDONALD

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24
TEMPORARY	WATER DISTRIBUTION	1	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3270**

OLUSEQUN ROTIMI SAMSON

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3284**

WILLIAM R VEACH

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	INDUSTRIAL WASTEWATER	6	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **3297**

ROBERT WYATT JR

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **3357**

CHRIS MLINARIC

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	2	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: 3360

SHAWN GRAY

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WASTEWATER TREATMENT, 5, 30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 4 columns: Facility / Plant Name, Class, PDWIS (Water), NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **3411**

MEGHAN PFALLER

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3427**

LEON T. WALLACE

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: 3514

BRYANT TRAVERS

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, 3, 45

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **3557**

ROBERT D HAINES

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **3986**

JAMES HENRY QUATHAMER, JR

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **4002**

RANDALL ECKERT

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **4006**

TODD E BULL

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WASTEWATER TREATMENT	A	7
SUPERINTENDENT	WASTEWATER TREATMENT	5	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Date \_\_\_\_\_

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Operator Certification Number: **4266**

DWAYNE CASH

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Operator Certification Number: **4287**

CEDRIC HEIGH

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER DISTRIBUTION	1	24
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

I consent to receive my certificate(s) by email in lieu of mail





**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **4500**

LESLIE BLAKELY

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4594**

WARREN E PRINCE, JR.

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WATER TREATMENT	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4742**

DAVID JASON HURLEY

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **4821**

FRANKLIN B TODD, JR.

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **4855**

JOVAN C. DEGROAT

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER COLLECTION	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

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Operator Certification Number: **4884**

CLIFTON W. WELLER, IV

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	4	30
SUPERINTENDENT	WASTEWATER TREATMENT	4	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
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Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Please verify your information shown on this application and make any corrections as needed.

This is page one of a two page form. Both pages must be completed and returned.

Operator Certification Number: 5344

LARRY CONNELLY

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Three horizontal lines for address entry.

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER COLLECTION, 2, 24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple horizontal lines for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **5635**

STEVE D MASON

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **6003**

WILLIAM R THOMPSON

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **6020**

JAMES LEWIS KENNER

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **6046**

CHRISTOPHER M SAUNDERS

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16
SUPERINTENDENT	WASTEWATER TREATMENT	5	7
SUPERINTENDENT	WASTEWATER TREATMENT	A	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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\_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **6095**

JAMES M BOWEN

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

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I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **6258**

SCOTT T VALIS

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **6531**

TODD G. BARRY

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	5	45
TEMPORARY	WASTEWATER TREATMENT	A	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **6661**

VICTOR B JOHNSON

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16
SUPERINTENDENT	WASTEWATER COLLECTION	2	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **6985**

JOHN R. WILLNER

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	1	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **7246**

MYRON L. DIGGS, JR.

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

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I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **7308**

DAVID B. FOLTZ

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: 7536

WILLIAM C. TAYLOR

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Three horizontal lines for address entry.

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: TEMPORARY, WASTEWATER TREATMENT, A, 24

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ]

I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple horizontal lines for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **7719**

DARIN LEE GRIM

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	4	30
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WATER TREATMENT	3	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **7802**

VINCENT PAUL MCKENZIE

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **7821**

TODD E. GOSSARD

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	G	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: 8058

TONY L. WILLIAMS

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WATER DISTRIBUTION, 1, 16

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple empty rows for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **8284**

LES THOMPSON

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **8443**

KENNETH SCOTT BEAN

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	2	0

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **8469**

LAURA A. GABBARD

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	A	16
OPERATOR	WATER TREATMENT	1	16
OPERATOR	WATER TREATMENT	2	16
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner

I am currently not operating any Facility  I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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IV. REQUIREMENTS FOR OPERATORS IN TRAINING

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Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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VII. APPLICANT'S STATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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Operator Certification Number: **8496**

JOHN BRYANT PEARSON

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

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V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **8498**

WILLIAM A. TAYLOR

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail





**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

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*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **8693**

MATTHEW MERICO

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30
OPERATOR	WASTEWATER TREATMENT	A	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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VII. APPLICANT'S STATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **8771**

ANGELO STERLING

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WASTEWATER TREATMENT	5	30

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **8776**

RICHARD E. WHITSON

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER TREATMENT	3	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **9191**

TONY W. SWANN

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WASTEWATER TREATMENT	3	45

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

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Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Operator Certification Number: **9339**

SAM E. COLE

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
TEMPORARY	WATER TREATMENT	2	24

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

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I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

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Operator Certification Number: **9663**

GREGORY L. HUNTSBERRY, JR.

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
SUPERINTENDENT	WATER DISTRIBUTION	1	7

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

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I am currently not operating any Facility

I provide contractual services to the Facility

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)
_____			
_____			
_____			
_____			

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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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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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 to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
Any Operator certificate not renewed after the two-year reinstatement period is considered permanently expired. The unlicensed operator must reapply for OIT certification and complete all OIT requirements, including passing the appropriate exam again.
There is no reinstatement period for Operators-In-Training (OIT), Grandfather or Superintendent certifications. These remain in the late renewal period and do not permanently expire.

VII. APPLICANT'S STATEMENT

I hereby affirm that I understand all information provided on this application. I also certify the following:

- This application contains no willful misrepresentations or falsification, and that this information given by me is true and complete to the best of my knowledge and belief
I am aware that should an investigation at any time disclose my misrepresentation or falsification, my application will be disapproved or my certification will be suspended or revoked.
I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-1708

\* AN INCOMPLETE APPLICATION WILL BE RETURNED \*

[ ] I consent to receive my certificate(s) by email in lieu of mail



**APPLICATION FOR CERTIFICATION RENEWAL  
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS**

This notice is provided pursuant to State Government Article, §10-624, Maryland Code Annotated. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and is subject to the Maryland Public Information Act. This form may be available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

*Please verify your information shown on this application and make any corrections as needed.*

**This is page one of a two page form. Both pages must be completed and returned.**

Operator Certification Number: **9711**

CHARLES S. PHELPS

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$50**

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**Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.**

**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	INDUSTRIAL WASTEWATER	6	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_

I am employed by the Facility owner

I am currently not operating any Facility

I provide contractual services to the Facility

*Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.*

Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

- The number of training units required to renew are based on type of certification and indicated in Section I of this application.
For all operator categories, except Water Class 1, Water Class 2, Water Class G, Water Distribution, and Wastewater Collection, a minimum of 50% of training units submitted for renewal shall be process related
Provide proof of training taken during the 3 year renewal period that ends with the expiration date noted on this application.
Examples of acceptable documentation include signed transcripts, certificates of completion, and official training cards.
Proof of training must be submitted with this application and include the Course Code (or TRE number), Course Title, date of completion, number of training hours and process (or non-process) designation.
Courses can be approved for multiple classifications and categories; the number of required training units is not necessarily cumulative.
Training requirements for Superintendents are in addition to Operator training requirements and cannot be duplicated.
No course can be used more than one time for any three-year renewal period.
All training must be approved by the WWSO Board. The inventory of approved training and additional information related to continuing education can be found on the Board's website.
Training requirements for renewal are outlined in COMAR 26.06.01.16 (Table 8).
Multiple renewal dates can be consolidated if all requirements are met. Requests must be in writing or by email.

IV. REQUIREMENTS FOR OPERATORS IN TRAINING

- Operators In Training are required to attempt the exam for each certification to be renewed within the three-year period leading up to the certification expiration date. Passing the exam is not required for renewal.
Upon passing the exam and obtainment of full certification, the training requirement is reduced by one-third.
Operators In Training must work under the direction of an Operator in Responsible Charge.

Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

- Failure to complete or submit all renewal requirements by the expiration date will result in a late fee of \$100 in addition to the renewal fee.
Beyond 90 days, fully certified Operator certifications enter a reinstatement period for the two year period beyond the initial expiration date. The reinstatement fee is \$150 and is additional to the renewal fee.
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VII. APPLICANT'S STATEMENT

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I agree the Training Sponsors as indicated by my training documentation may release my name, proof of attendance and grade, as applicable, to the Maryland Department of the Environment to verify my proof of training.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: 9754

ROGER A. LAPP

Certification(s) shown below will expire on: 12/1/2022

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: \$50

Three horizontal lines for address entry.

Failure to complete or submit renewal requirements by the expiration date will result in an additional late fees as described in Section V.

I. CERTIFICATES TO RENEW:

Table with 4 columns: Certification Type, Category, Class, Training Units Required. Row 1: OPERATOR, WASTEWATER TREATMENT, 3, 30

II. CURRENT EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Facilities (or Plants) that you currently operate: \_\_\_\_\_ I am employed by the Facility owner [ ]

I am currently not operating any Facility [ ] I provide contractual services to the Facility [ ]

Please provide the following information about each Facility/Plant that you operate. Use additional pages as needed.

Table with 3 columns: Facility / Plant Name, Class, PDWIS (Water) NPDES (Wastewater). Multiple horizontal lines for data entry.

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

III. CONTINUING EDUCATION:

To qualify for certification renewal, all applicants must demonstrate satisfactory completion of relevant continuing education.

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Name and Certification Number of Operator in Responsible Charge:

\_\_\_\_\_

V. LATE FEES AND REINSTATEMENT

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Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Operator Certification Number: **9891**

JASON EDWARD BURDETTE

Certification(s) shown below will expire on: **12/1/2022**

Please enter your current address on the lines below and, if necessary, correct the City, state and ZIP Code. Please print legibly.

The fee to renew these certifications: **\$100**

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**I. CERTIFICATES TO RENEW:**

Certification Type	Category	Class	Training Units Required
OPERATOR	WATER DISTRIBUTION	1	16
OPERATOR	WASTEWATER COLLECTION	2	16

**II. CURRENT EMPLOYMENT INFORMATION**

Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Facility / Plant Name	Class	PDWIS (Water)	NPDES (Wastewater)

(OVER)



APPLICATION FOR CERTIFICATION RENEWAL
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