

Application for Requesting Appointment to:

STATE BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County in which you reside: _____

Place of Employment: _____

Occupation: _____

Self-Employed? _ Yes _ No

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone No: _____ Home Phone No.: _____

Which address should be used as your mailing address?

Home _____ or Business _____

Sponsoring

Organization: _____

Are you an officer or board member of your professional association?

Are you a consumer? _____ or provider? _____ or married to a
provider? _____

Do you hold a license in this State to practice a profession or trade?

If so, date license was issued _____ License No. _____

Please attach a short resume, including your academic background, work experience and professional, political and civic organizations of which you are presently a member. The mailing address of the board is on the back of this form.

FORWARD THE COMPLETED FORM TO:
Dee Settar, Acting Board Secretary
Board of Waterworks and Waste Systems Operators
Maryland Department of the Environment
1800 Washington Blvd.
Baltimore, Maryland 21230
Telephone: (410) 537-3167
Fax: (410) 537-3168
Email: Dee.settar@maryland.gov