

APPLICATION FOR OPERATOR CERTIFICATION

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 subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

I. GENERAL INFORMATION:

Name: _____ SS#: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Business Phone #: _____

Email Address: _____ Date of Birth: _____

II. APPLICATION: (CHECK "✓" CATEGORY AND CLASS)

	CATEGORY	CLASS	
Water Treatment Plant Operator	[]	G[]	5 []
Wastewater Treatment Plant Operator	[]	1 []	6 []
Water Distribution Systems Operator	[]	2 []	7 []
Wastewater Collection System Operator	[]	3 []	S []
Industrial Wastewater Works Operator	[]	4 []	A []

III. EDUCATION:

A. High School Graduate? Yes [] No [] GED []

Name of High School: _____

College/University Attended: _____ Degree Awarded: _____

IV. CURRENT EMPLOYMENT INFORMATION:

A. Employer's Name/Phone #: _____

B. Immediate Supervisor's Name/Phone #: _____

C. Name of the Works: _____ Class: _____

D. Date Employed **at this** facility (Month/ Day/ Year): _____

E. Total operating experience in the Works (in hours) **at this** facility: _____

F. List PWSID #s for all drinking water plants operated: _____

G. List NPDES permit #s for all wastewater plants operated: _____

V. PREVIOUS OPERATING EXPERIENCE: (Complete this part only if you have changed employment since your original application)

Dates From - To	Name, Address & Phone # of the Employer/Name of Immediate Supervisor	Summarize Your Duties/ Responsibilities as an Operator

If your experience is from another State, please provide a letter from your past employer that documents the duration of your employment, the type/size of the plant and your job duties and responsibilities.

VI. APPLICANT'S STATEMENT:

I hereby affirm that 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 revoked.

_____ Date _____ Applicant's Signature

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

VII. OWNER'S OR APPOINTING PERSON'S STATEMENT:

I certify that the statements made by the applicant as part of this application for certification are true and correct to the best of my knowledge, and that he is of good moral character and I would recommend him favorably to the Board.

_____ Date _____ Name of Authorized Person

_____ Signature _____ Title

- **The application fee is \$50 for each certification requested**
- **Make checks or money orders payable to Board of Waterworks and Waste Systems Operators**
- **Mail application form with fee to: Board of Waterworks and Waste Systems Operators**

Maryland Department of the Environment
P.O. Box 2057, Baltimore, Maryland 21203-2057

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

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

You must meet the experience requirements in order to be eligible for Operator Certification. The time starts with the issuance of your Temporary Certification. Please refer to COMAR 26.06.01.16 Tables for more information.

AOBJ: 5958