

MARYLAND DEPARTMENT OF THE ENVIRONMENT

P.O. Box 2057 ● Baltimore Maryland 21203

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(410) 537-3167

(410) 537-3168 (fax)

BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS – EXAMINATION
APPLICATION - (CLEARLY PRINT ALL INFORMATION)

A. Examinee's Name: _____

B. Examinee's Mailing Address: _____

C. City, State and Zip Code: _____

CERTIFICATES CURRENTLY HELD (Check all that apply)

A. Temporary _____ B. Operator _____ C. Superintendent _____

Certificate Number is: _____ Expiration Date of license: _____

*****YOU MUST HAVE AN ACTIVE LICENSE TO TAKE AN EXAM*****

APPLICANT'S CURRENT EMPLOYMENT

A. Name of Employer: _____ Telephone Number: _____

B. Name of Works at Which Applicant is Employed: _____

C. Type and Class of This Works: _____

EXAMINATION TO BE TAKEN

A. Exam Type & Class _____ B. Date/Location _____

"C" Collection, "W" Wastewater, "T" Water, "D" Distribution, "I" Industrial

APPLICANT'S STATEMENT

I hereby affirm that this application contains no willful misrepresentation or falsification and that the information given me is true and correct to the best of my knowledge and belief. I am aware that my application will be disapproved and my certification revoked if an investigation should at any time disclose any misrepresentation or falsification on this application.

Date

Applicant's Signature

PLEASE NOTE: A separate application must be submitted for each examination that you wish to take. The examination fee is \$75.00 per examination and must accompany this application. ALL APPLICATIONS/CHECKS ARE TO BE MAILED TO THE P.O. BOX ADDRESS 21 DAYS PRIOR TO THE EXAM DATE. DO NOT FAX APPLICATIONS TO THE BOARD.