

MARYLAND DEPARTMENT OF THE ENVIRONMENT

P.O. BOX 2057 ● Baltimore Maryland 21230

http://www.mde.state.md.us

(800) 633-6101x3167

(410) 537-3167

(410) 537-3168 (fax)

MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

APPLICATION FOR SUPERINTENDENT CERTIFICATION

(Please print or type all information)

I. GENERAL INFORMATION ABOUT THE APPLICANT:

Name: _____ SS # _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

II. APPLICANT'S CERTIFICATION INFORMATION:

Certificate number is: _____ List Certificates currently held: _____

Operator: _____

Superintendent: _____

Has any State licensing or disciplinary board or a comparable body in the Armed Services, denied your application to renew or reinstate a license, or taken any action against your license including, but not limited to, reprimand, suspension or revocation?

Yes ___ No ___ (Please attach an explanation of a "yes" answer.)

III. INFORMATION ABOUT THE APPLICANT'S EMPLOYER:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: () _____

IV. SUPERINTENDENT CERTIFICATION APPLIED FOR:

A. Please check each of the categories that is included in your appointment as superintendent (Note that the certification fee is \$75 for each category):

Wastewater: _____ Municipal _____ Industrial _____ Collection

Water: _____ Treatment _____ Distribution

B. List below each of the works that is included under your appointment as superintendent. This information can also be provided (or supplemented) by attaching a letter to the Board from the appointing person.

Name of Facility or System	Facility Category and Class (e.g. Water 4, Collection 2)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. APPLICANT'S STATEMENT:

I affirm that the information given by me on this application is true and complete to the best of my knowledge and belief. I am aware that the Board may disapprove this application and initiate action against my certification if investigation shows that this application contains any misrepresentation or falsification.

Date

Applicant's signature

VI. APPOINTING PERSON'S STATEMENT:

I certify that the applicant has been designated as superintendent (as defined by COMAR 26.06.01.01) of the works listed on this application. The information provided by the applicant is true and correct to the best of my knowledge.

Date

Appointing Person's Name

Title

Appointing Person's Signature

**Make checks or money orders payable to:
BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS
P.O. BOX 2057, BALTIMORE MD 21203**

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE SENDER. THE APPLICATION FEE IS \$75 FOR EACH CERTIFICATION CATEGORY.