

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

P.O. BOX 2057

BALTIMORE MD 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 A TEMPORARY CERTIFICATE

**(CLEARLY PRINT OR TYPE ALL INFORMATION – EXCEPTION OF SIGNATURE)**

**I: GENERAL INFORMATION:**

1. Applicant's Name \_\_\_\_\_
2. Applicant's Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_
3. Applicant's Telephone Number (\_\_\_\_\_) \_\_\_\_\_
4. Applicant's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
5. If you now hold any other certificates from this Board, please give the certificate number \_\_\_\_\_ and the expiration date \_\_\_\_\_.

**II: EMPLOYMENT INFORMATION (to be completed by employer)**

1. Name of the Works: \_\_\_\_\_
2. Category and Class of the Works: \_\_\_\_\_
3. NPDES Permit Number (If applicable): \_\_\_\_\_ - DP - \_\_\_\_\_
4. Category and Class of Certificate Applied For (Circle Below)
 

|                       |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|
| Wastewater Treatment  | 1 | 2 | 3 | 4 | 5 | 6 | S | A |
| Water Treatment       | 1 | 2 | 3 | 4 | 5 |   |   |   |
| Industrial Wastewater | 1 | 2 | 3 | 4 | 5 | 6 | 7 |   |
| Wastewater Collection | 1 | 2 |   |   |   |   |   |   |
| Water Distribution    | 1 |   |   |   |   |   |   |   |
5. The applicant's job or position title is: \_\_\_\_\_



6. The job duties of this position are: \_\_\_\_\_
7. The applicant began employment in this **position** on: \_\_\_\_\_
8. Applicant's Immediate Supervisor is: \_\_\_\_\_
9. Employer's Name: \_\_\_\_\_
10. Telephone Number of Supervisor: (\_\_\_\_\_) \_\_\_\_\_
11. Employer's Street Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**III: APPLICANT'S CERTIFICATION AND SIGNATURE:**

This application is true and complete to the best of my knowledge. I am aware that willful misrepresentation or falsification will result in disapproval of this application and may result in revocation of my certification.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

**IV: EMPLOYER'S CERTIFICATION AND SIGNATURE:**

I hereby certify that the applicant is employed at the works described above as an "operator" as defined by Code of Maryland Regulations (COMAR) 26.06.01.01B(10)(a). I further certify that the information given on this application is correct to the best of my knowledge.

\_\_\_\_\_  
(Name of Authorized Person)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\*\*\*\*\*

**MAKE CHECKS OR MONEY ORDER PAYABLE TO:  
 "BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS  
 P.O. BOX 2057, BALTIMORE MD 21203**

**\$75.00 per category / per class.**

**ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER.**