**APPLICATION FOR OPERATOR EXAMINATION**

(Please print or type all information)

**I. GENERAL INFORMATION**

Name: ______________________________________________________________

Address: ____________________________________________________________

City: _________________________

State: ________________________Zip:_______________________Telephone: __________

Certification No: ______________Expiration: ________________________

**II. CATEGORY AND CLASS EXAMINATION APPLYING FOR (Circle Below)**

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<th>Category</th>
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<tbody>
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<td>Wastewater Treatment (W)</td>
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<td>Water Treatment (T)</td>
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<td>Industrial Wastewater (I)</td>
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<td>Wastewater Collection (C)</td>
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<td>Water Distribution (D)</td>
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(for Water 5 write RO, DE, Arsenic or GWUDI)

Water 5 Option: __________

Board Examination Schedule (Available on MDE’s Website):
http://mde.maryland.gov/programs/Permits/WaterManagementPermits/WaterDischargePermitApplications/boardofwaterworks/Documents/BWW_EXAMINATION_SCHEDULE.pdf

Preferred Date/Location of the Exam: __________________________

Paper based exam (select one) ____________  Computer based exam(select one) ____________

Fee included: Yes____ No____

Amount* ____________  Check No. ______________

- The examination fee is $100.00 per examination.
- Mail application and check to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-2507.
- There will be an additional fee if you choose a computer-based examination. That fee will be paid when you register for the online exam through the testing agency (AMP).

Certificate currently held:

Operator in Training: __________

Operator: ____________  Superintendent: __________

TTY Users 1-800-735-2258
III. CURRENT EMPLOYMENT INFORMATION:

Employer's Name: ____________________________________________ Phone #: _________________________

Name of the Facility:____________________________________________ Class: _______________________

IV. 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______________________________

PRIVACY POLICY
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.

- NOTE: An incomplete application will be returned.
- Make checks payable to: Maryland Board of Waterworks and Waste Systems Operators
- Mail to: Maryland Department of the Environment, P.O. Box 2057, Baltimore, Maryland 21203-2507.
- THE APPLICATION MUST BE RECEIVED BY THE BOARD AT LEAST 21 DAYS PRIOR TO THE PREFERRED EXAMINATION DATE.

AOBJ: 5958 / 46031