

MARYLAND DEPARTMENT OF THE ENVIRONMENT

P.O. BOX 2057 ● Baltimore, Maryland 21203

(800) 633-6101 x3167 ● (410) 537-3168 (FAX) ● <http://www.mde.state.md.us>

MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

APPLICATION FOR OPERATOR CERTIFICATION

(Please print or type all information)

I. GENERAL INFORMATION:

A. _____
Last Name First Name MI

B. _____
Street Address City State Zip Code

C. _____
Social Security Number Business Phone Number

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: _____

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: _____

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

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

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

NOTE: The application fee is **\$75.00** for each certification category, **and must be sent with the application.** An incomplete application will be returned to the sender, so check your application for completeness before you mail it to the Board. **Faxed applications will not be accepted.** Call (410) 537-3167 with any questions.

ALL APPLICATIONS/CHECKS GO TO THE P.O. BOX ADDRESS.

