

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

(Please Print or Type All Information Except Signatures)

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. MDE Assigned Permit Number of the Works (If applicable): - DP -
THIS INFORMATION MUST BE LISTED ON THE APPLICATION
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 _____

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**

All incomplete applications will be returned to the sender. \$75.00 per category / per class.