



## APPLICATION FOR SUPERINTENDENT CERTIFICATION MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

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.

(Please print or type all information)

### **I. GENERAL INFORMATION ABOUT THE APPLICANT:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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 \_\_\_ (If Yes, please attach an explanation.)

### **III. INFORMATION ABOUT THE APPLICANT'S EMPLOYER:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**IV. SUPERINTENDENT CERTIFICATION CATAGORY APPLIED FOR:**

Please check each of the categories that are included in your appointment as superintendent :

**Wastewater:**        \_\_\_\_\_ Municipal        \_\_\_\_\_ Industrial        \_\_\_\_\_ Collection

**Water:**            \_\_\_\_\_ Treatment        \_\_\_\_\_ Distribution

List the facility that you perform as superintendent. This information can also be provided (or supplemented) by attaching a letter to the Board from the appointing person.

Facility / System Name and PWSID / NPDES Permit #

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

*I consent to receive these certificate(s) by email in lieu of mail (email address required)*

**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 facility 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

- **The application fee is \$50 for each certification requested**
- **Make checks or money orders payable to Board of Waterworks and Waste Systems Operators**
- **Mail application form with fee to: Board of Waterworks and Waste Systems Operators  
Maryland Department of the Environment  
P.O. Box 2057, Baltimore, Maryland 21203-2057**

**Incomplete applications will be returned. Applications separated from payments may be delayed**

WWSO Contact Phone: 410-537-3167 Email: [wwo.board@maryland.gov](mailto:wwo.board@maryland.gov) (applications are not accepted by email)