

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS

APPLICATION FOR CERTIFICATION
GRANDPARENTED WATER TREATMENT PLANT OPERATOR

(NOTE GRANDPARENTED CERTIFICATES MUST BE APPLIED FOR BY FEBRUARY 5, 2003)

I. GENERAL INFORMATION:

A. Applicant's Name _____

B. Applicant's Street Address _____

City _____ State _____ Zip _____ - _____

C. Applicant's Business Telephone Number (_____) _____

D. Applicant's Social Security Number _____ - _____ - _____

E. Please give the number _____ and the expiration date _____ of any other certificate(s) that you hold from this Board

II. EDUCATION:

A. High School Graduate? Yes [] No [] or GED []

B. If yes, please give name of high school _____

III. EMPLOYMENT INFORMATION (to be completed by employer)

A. Please provide the following information for each plant at which applicant works,:

Name of the Water Plant or System	Class of the Water Plant/System (<i>Check 1</i>)			
_____	G	1	2	3
_____	G	1	2	3
_____	G	1	2	3
_____	G	1	2	3
_____	G	1	2	3

B. The applicant began employment as an operator at the plant(s) listed above on: _____



C. Total operating experience at this plant: months/years and hours is: _____

D. Employer's Name: _____ Telephone number: _____

E. Employer's Street Address: _____

City _____ State _____ Zip Code _____

IV. APPLICANT'S COMPLIANCE WITH THE WORKER'S COMPENSATION ACT

Environment Article, § 1-202 states that the Board may issue a certificate only if the applicant verifies compliance with the Worker's Compensation Act. Please check the appropriate statement, and provide the information requested (if applicable):

A. ___ I do not employ anyone in Maryland in the course of my duties as an operator.

B. ___ I employ one or more persons in Maryland in the course of my duties as an operator, and I have the following Worker's Compensation Coverage:

(NAME OF INSURANCE COMPANY) (POLICY NUMBER) (EXPIRATION DATE)

V. APPLICANT'S CERTIFICATION AND SIGNATURE:

This application is correct to the best of my knowledge. I am aware that this certificate will become invalid if I do not renew it in accordance with the Board's requirements, or if I leave the plant(s) named on this application.

(Date)

(Applicant's Signature)

VI. EMPLOYER'S CERTIFICATION AND SIGNATURE:

I certify that the information given on this application is correct to the best of my knowledge.

(Name of Authorized Person)

(Title)

(Date)

(Signature)

PLEASE NOTE:

- **PRINT OR TYPE ALL INFORMATION, EXCEPT SIGNATURES, AND PROVIDE ALL INFORMATION REQUESTED. INCOMPLETE OR APPLICATIONS WILL BE RETURNED.**
- **SEND THE APPLICATION, TOGETHER WITH THE \$75 APPLICATION FEE, TO THE BOARD AT THE ADDRESS SHOWN AT THE TOP OF THIS APPLICATION FORM.**
- **MAKE CHECK OR MONEY ORDER PAYABLE TO THE "BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS."**
- **DO NOT FAX APPLICATIONS TO THE BOARD.**

