MARYLAND BOARD OF WATERWORKS AND WASTE SYSTEMS OPERATORS
1800 Washington Blvd, Baltimore, MD 21230
410-537-3167 • 1-800-633-6101 x 3167 • TTY Users: 1-800-735-2258

APPLICATION FOR TRAINING PROGRAM APPROVAL

Training sponsors or instructors are strongly encouraged to obtain Board approval for training prior to administering courses. The Board attempts to review training applications within 90 days of submittal. All completed applications and training materials should be emailed to wwsoboard@maryland.gov (preferred) or mailed to the address listed above.

I. APPLICANT INFORMATION:

Name: _____________________________________________ Telephone #: __________________________

Name of Company/Organization: __________________________________________

Address: __________________________________________________________________________

Status (Circle one): Training Sponsor Instructor Student

Training Course Sponsor (if different from applicant):

Name: _____________________________________________ Telephone #: __________________________

Name of Company/Organization: __________________________________________

Address: __________________________________________________________________________

II. TRAINING PROGRAM:

Title: ______________________________________________________

Program Type (Circle One): On-the-Job Laboratory

Home-study Technical Training

Academic Online

Out of State/National Conference Other: __________________

Program Location, Date, and Times: ________________________________________________

Total Hours of Training: _______________ Final Exam: Yes No

Course Meets 50% Process Control Rule: Yes No
### III. TARGET AUDIENCE:

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>OPERATOR CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wastewater Treatment Plant (W)</td>
<td>1 2 3 4 5 6 S A</td>
</tr>
<tr>
<td>Water Treatment Plant (T)</td>
<td>1 2 3 4 5 G</td>
</tr>
<tr>
<td>Water Distribution Systems (D)</td>
<td>1</td>
</tr>
<tr>
<td>Wastewater Collection System (C)</td>
<td>2</td>
</tr>
<tr>
<td>Industrial Wastewater Works (I)</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

If training is for Superintendent, specify Category of Training: __________________________

### IV. COURSE INFORMATION:

The following information MUST be attached and in PDF format in order to process application:

- Describe the learning objectives
- Provide an outline of the subjects covered and show the time allowed for each major topic (attach course handouts)
- Describe the training methodology used
- List the job skills, knowledge, or prerequisites expected of the participants
- Identify the instructors relevant qualifications as well as their name, address, and phone number
- Attach copy of student participation and performance verification (i.e. certificate of completion)
- If applicable, attach copy of examination material

_______________________________  __________________________
Applicant's Signature            Date

_______________________________  __________________________
Training Sponsor’s Signature      Date
(if different from applicant)