
4. PREVIOUS EXPERIENCE.

Have you ever held a Maryland CHS driver's certificate? _____

If yes: Driver's Certificate Number _____ Expiration Date _____

I certify that all questions on this application have been answered truthfully to the best of my knowledge.

Applicant Signature

Date

1. Call (410) 537-3344 to inform the Hazardous Waste Program how many drivers you wish to certify. The applications and a tracking form will be mailed to you.
2. Mail all completed forms, the tracking form, and the required payment to:
Maryland Department of the Environment
P.O. Box 1417
Baltimore, MD 21203-1417
3. Upon receipt of payment, your application(s) will be processed and the appropriate card(s) returned to you.

FOR OFFICE USE ONLY

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