



CERTIFICATE OF TRAINING

Steve Lizama

Has successfully completed
Maryland UST Class C Operator Training

Issued on:
02-25-2026

A handwritten signature in black ink, appearing to read "Raymond Rees", is positioned above a blue ribbon banner.

Raymond Rees

Trainer

Sage Hospitality

6711 Democracy Blvd

Bethesda, MD 20817

P.O. Box 2353, Muncie, IN 47307 • passtesting.com • 765-281-5588



Maryland
Department of
the Environment

Class C Operator Training Checklist and Certification

The purpose of this checklist is to document that a Class A or Class B operator, designated for the regulated substance storage facility, has trained and evaluated the employee to be a Class C operator for the underground storage tank (UST) system or group of UST systems at the facility by showing them specific components and procedures as required by Code of Maryland Regulations (COMAR) 26.10.16.

Class C Operator Name (print)	Steve Lizama
UST Facility Name	Sage Hospitality
UST Facility Address	6711 Democracy Blvd Bethesda, MD 20817
MDE UST Facility I.D. No.	

Class C Operator Training Checklist

The designated Class A or Class B operator must complete the following training checklist **at the facility** where the Class C operator will be working.

- ☒ I have shown the Class C operator the fueling system emergency shut-off switch.
- ☒ I have shown the Class C operator how to control and monitor the dispensing or sale of regulated substances at the facility.
- ☒ I have shown and reviewed with the Class C operator written emergency response procedures for the UST system or group of UST systems at this facility and their posted location. The Class C operator can demonstrate an understanding of the written instructions.
- ☒ I have shown the Class C operator the list of company contacts that should be notified in an emergency and posted the list in a clearly visible location.
- ☒ I have shown the Class C operator the tank monitor and/or other release detection methods for this facility and provided instructions on how to respond to various alarms, equipment failures, and other indications of emergencies caused by a spill, release, or discharge from a UST system at the facility.
- ☒ I have shown the Class C operator the location of emergency petroleum spill and all fire response equipment and materials available at this facility and their use.

I have shown the Class C operator the location and use of the following items:

- ☒ Dispensers
- ☒ Hoses
- ☒ Nozzles
- ☒ Breakaway couplings
- ☒ Emergency Shut Off Switch
- ☒ Tank monitor (if applicable)
- ☒ The Class C operator has been taught to take appropriate action, including notifying appropriate authorities, in response to emergencies or alarms caused by spills, releases, and discharges resulting from the operation of a UST system at the facility.
- ☒ The Class C operator will be on-site and readily available for an attended facility whenever the facility is operating; or for an approved unattended facility, the Class C operator is immediately accessible for consultation by telephone and can be on-site at the facility within 2 hours upon request from the Department or emergency response personnel.

Class C Operator Certification

Class A or Class B Operator

By signing my name below, I certify under penalty of law, the following:

- I am the designated Class A or Class B operator for the regulated substance storage facility identified above;
- I understand that this training program and certification for the Class C operator is specific to this regulated substance storage facility for which the individual has been designated, and the training program is not valid for another regulated substance storage facility;
- I have trained and evaluated the Class C operator for the same facility in accordance with COMAR 26.10.16.05F;
- I had the Class C operator demonstrate their understanding of the written instructions required by COMAR 26.10.16.03A(3);
- I have trained and certified the Class C operator in accordance with COMAR 26.10.16.07D;
- I have completed this checklist together with the Class C operator; and
- The information provided is true, accurate, and complete in accordance with COMAR 26.10.16.

Class A or Class B Operator Providing Training

Signature:

Print Name:

Date:

Class C Operator

By signing my name below, I certify under penalty of law, the following:

- I have completed this checklist together with the designated Class A or Class B operator for the regulated substance storage facility identified above; and
- The information provided is true, accurate, and complete in accordance with COMAR 26.10.16.

Trained Class C Operator

Signature:

digitally signed by Steve Lizama

Print Name:

Steve Lizama

Date:

02-25-2026

§ 4-501 General Provisions Article, Annotated Code of Maryland – Personal Records

Personal information requested on this form is intended to be used in processing the document. Failure to provide the information requested may result in the form not being processed or accepted as being complete. You have the right to inspect, amend, or correct the information on the form. 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.

Report a spill, release, or discharge to MDE at:

(410) 537-3442 – Normal business hours

(866) 633-4686 – 24 hours