

New York State Erosion & Sediment Control Certificate Renewal Form for 2021

Administered by the New York State Conservation District Employees' Association, Inc., in cooperation with :

Chemung County Soil and Water Conservation District

Attn: Jessica Verrigni

851 Chemung Street

Horseheads, NY 14845

Phone: 607-796-2216

Email: jbverrigni@stny.rr.com

Administrative Use Only

Certificate Number:

Date Renewed:

Initials:

Name as it appears on your certificate:

Last:

First:

Middle:

Has any of your contact information changed in the last 12 months? YES NO
If yes please complete the change of information form on the following page.

Professional Development Hours (Answer either 1. or 2.):

1. If you were required to earn less than 12 PDHs in 2020 (based on the NYSE&SCCP Professional Development Policy), state the number required and the number earned:

Required: Earned:

Do you intend to carry over PDH's into 2021? If yes, how many:

2. If you were required to earn 12 PDH's in 2020 (based on the NYSE&SCCP Professional Development Policy) fill in the following information. Only 6 PDH's may be carried over from 2019, unless you passed the exam in the previous year.

A. PDH's carried over from 2019:

B. PDH's earned in 2020:

C. Total PDH's for 2020 (Add lines A + B)

Do you intend to carry over PDH's into 2021? If yes, how many (Maximum 6):

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Payment: **\$100** due with renewal form.

If paying by check: **Make Check payable to Chemung County SWCD. Write NYSE&SCCP renewal fee in the memo line of the check.**

If paying by credit card follow the link in your email to pay through the New York State Conservation District Employee's Association website.

I agree to uphold the NYS Erosion and Sediment Control Certificate Code of Ethics

Affidavit: I declare and affirm that the statements made in this renewal form are true to the best of my knowledge. I understand that any false or misleading information in this application may be cause for certificate suspension or revocation.

Signature:

Date:

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Contact information (if no changes in the last 12 months, do not submit this page):

E-Mail Address

Home Address:

Line 1

Line 2

Line 3

City

State

Zip Code

Home Phone: ()