

New York State Erosion & Sediment Control Certificate Program Application

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

Schuyler County Soil and Water Conservation District

Attn: Jessica Verrigni

PO Box 326

Montour Falls, NY 14865

Phone: 607-535-0878

Email: jessicaschuylerswcd@gmail.com

Administrative Use Only

Certificate Number:

Date Issued:

Initials:

Print Name Exactly As You Wish It To Appear On Your Certificate

Last:

First:

Middle:

Birth Date (month/day/year)

E-Mail Address

Home Address:

Line 1

Line 2

Line 3

City

State

Zip Code

Home Phone:

Payment (**\$150** due with application. Exam, course, and renewal fees billed separately)

Pay by Check: Make Check payable to *Schuyler County SWCD*. Write *NYSE&SCCP application fee* in the memo line of the check.

Pay with credit card through NYS Conservation District Employee's

Association Website (<http://www.nyscdea.com/nysesccp/>)

Affidavit: I declare and affirm that the statements made in this application and accompanying documents are true to the best of my knowledge. I understand that any false or misleading information in this application may be cause for certificate denial. I agree to abide by the Code of Ethics policy located on the Certificate Program website.

Signature:

Date:

New York State Erosion & Sediment Control Certificate Program Professional Experience Detail Form

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Complete all sections, make a copy for your records, submit a copy with your application, and forward this completed form to all endorsers, along with an endorsement form. Use a separate form for each endorser. This form may be copied as needed to provide additional answer space.

Experience described on this form was obtained while employed by:

Firm or Organization Name:

Business Location - City: State:

Employment Dates: to

Describe in detail the specific erosion and sediment control work you personally performed on several projects or job assignments that are representative of the work you performed while you were employed by the firm named on this form. Then, indicate at right, the time you spent on these projects or assignments.

Time
Yrs./Mos.

Total time this sheet:

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New York State Erosion & Sediment Control Certificate Program Endorsement Form

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

County _____ Soil and Water Conservation District _____

Attn: Jessica Verrigni

Phone: 607-

Email: e c chuyler c _____ l co

Instructions to Endorser:

1. Provide the requested information below and answer questions 1-8
2. If you disagree with any information presented or wish to provide any other information for consideration by the steering committee please submit a separate letter with this form.
3. Print out the form, sign it, scan as a pdf and email to the administrator, with the subject line: "NYSE&SCCP app (Participants Last name)."

Endorser's Name:

Company:

Job Title:

Current Business Address:

Street

City

State

Zip

Business Phone Number:

Email:

YES NO

1. Do you have in-depth knowledge of the applicant's work during the time covered by this endorsement?
2. Does the description accurately reflect the work personally performed by the applicant?
3. Is the time claimed by the applicant for this experience accurate?
4. Was the applicant's work performed in an adequate, reliable, and professional manner?
5. Are/were you the applicant's supervisor during the time period claimed above?
6. If not, please identify your work relationship to the applicant at the time
7. Are you attaching a separate letter with additional information about the applicant?
8. Comments:

Affidavit:

I have read the information presented by the applicant on this form. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and ability, and that the work experience described by the applicant and the time claimed for it, are accurate.

Signature:

Date: