

## Natural Shorelands Erosion Control Certification Program Registration Form

| Office Use Only: Date Received#   |                                | Paid by check#   |                     |
|---|--------------------------------|--|---------------------|
| A. Participant  |                                |  |                     |
| 1. Participant Name:  |                                |  |                     |
| 2a. Mailing Address:  |                                |  |                     |
| 2b. Town:   | 2c. State:                     |  | 2d. Zip:            |
| 3. Phone:   | 4. Email:                      |  |                     |
| 5. Website:   |                                |  |                     |
| B. Participant Company  |                                |  |                     |
| 1. Company Name:  |                                |  |                     |
| 2a. Company Mailing Address:  |                                |  |                     |
| 2b. Town:   | 2c. State:                     |  | 2d: Zip             |
| 3. Phone:   | 4. Email:                      |  |                     |
| 5. Website:   |                                |  |                     |
| C. Public Listing   |                                |  |                     |
| Once you have completed the Natural Shorelands Erosion Control Certification Program, your contact information will be listed publicly (unless otherwise specified). What contact information would you prefer to have listed?  Information as provided in section A  Information as provided in section B  Other:  I do not wish to have my information publicly listed. |                                |  |                     |
| Please select the type of services you wish to be listed under (check all that apply):  |                                |  |                     |
| Engineering Design  | Natural Resource Specialist    |  | Construction        |
| Landscaper/Gardner  | Environmental Consultant       |  | Shoreland homeowner |
| Tree Care/Forester  | Regulatory/Administrator Other |  |                     |
| D. Class Registration   |                                |  |                     |
| Which training session do you plan on attending?  |                                | If your first choice is full, what isyour second choice? |                     |
| Date:Location:  |                                | Date:  | Location:           |
| Will you need any special accommodations? Yes No If so, how can we help?  |                                |  |                     |
| E. Participant Certification  |                                |  |                     |
| As Participant, I understand that the seats are limited for each event and the registration fee is non-refundable.  |                                |  |                     |
| Participant Signature:Date:   |                                |  |                     |

Submit this form and the **\$20.00** Registration fee made payable to:

State of Vermont - Department of Environmental Conservation Watershed Management Division Attn: NSECC 1 National Life Drive, Main2 Montpelier, VT05620-3522