

Natural Shorelands Erosion Control Certification Program Registration Form

Office Use Only: Date Received#	·			
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/Gardener	Environmental Consultant		Shoreland homeowner	
Tree Care/Forester	Regulatory/Administrator		Other	
D. Class Registration				
Which training session do you plan on atter	nding?	If your first choice is full, what is your second choice?		
Date:		Date:		
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:				

Please submit this form and pay the \$20.00 registration fee through ANROnline at:

https://anronline.vermont.gov/?formtag=WSMD_Intake

If you are unable to use ANROnline please reach out to us to arrange an other method of registration and payment.