

Trainee Form for 4-Hour ESC Training



New York State Department of Environmental Conservation
 Division of Water, 625 Broadway, 4th Floor
 Albany, New York 12233-3505

SWT#

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(for DEC or Delegate use only)

A Stormwater Trainee (SWT) identification (ID) number will be assigned to each person that completes the NYSDEC 4-hour training in the principles and practices of erosion and sediment control (ESC) to satisfy the State Pollution Discharge Elimination System (SPDES) Construction Activity General Permit #GP-0-15-002. Each trainee that wishes to obtain a wallet card with the SWT ID must provide the contact information requested below, including his/her home mailing address. The trainee must be prepared to show his/her NYS Driver License (or non-driver photo ID with proof of address) on the day of training to verify that the information below is correct. NYSDEC recommends that this form be completed as a PDF form on computer (or hand-written in blue or black ink) and sent to the training sponsor by the pre-registration deadline (in advance of the training) either by email or through the mail.

***IMPORTANT: RETURN THIS FORM TO THE TRAINING SPONSOR**

Trainee First Name	MI	Trainee Last Name
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

Trainee Phone	Trainee County of Residence
<input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> - <input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>

Trainee Home Mailing Address 1st Line (same as NYS Driver License)

Trainee Home Mailing Address 2nd Line (if applicable)

City (same as NYS Driver License)

State Zip Code

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Trainee eMail 1

Trainee eMail 2 (optional)

For DEC or Delegate Use Only

Trainer Comments

Training Location Building/Street

Training Location City	State Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 25px;" type="text"/> <input style="width: 50px;" type="text"/> - <input style="width: 30px;" type="text"/>

Trainee Training Date	Sponsoring County SWCD Name
<input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> - <input style="width: 50px;" type="text"/> mmddyyyy	<input style="width: 100%;" type="text"/>

Trainer First Name	MI	Trainer Last Name	Trainer SWT No
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/>