



SEDIMENT & EROSION CONTROL CERTIFICATE REGISTRATION REQUIREMENTS

Certificate Holders Name: _____

License Number: **DEP:** _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Fax #: _____ Mobile#: _____

E-mail Address: _____

24 HOUR CONTACT TELEPHONE NUMBER: _____

- Copy of Department of Environmental, Sediment and Erosion Control Certificate
- Completed form and certificate should be emailed to the Permit Services Center at permits@talgov.com.