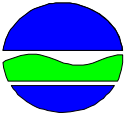


## Trainee Form for 4-Hour ESC Training



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-0-08-001. 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 |
|                    |    |                   |

|               |                             |
|---------------|-----------------------------|
| Trainee Phone | Trainee County of Residence |
|               |                             |

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

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 |
|                        |                |

|                       |                             |
|-----------------------|-----------------------------|
| Trainee Training Date | Sponsoring County SWCD Name |
|                       |                             |

|                    |    |                   |                |
|--------------------|----|-------------------|----------------|
| Trainer First Name | MI | Trainer Last Name | Trainer SWT No |
|                    |    |                   |                |