

Georgia Erosion & Sediment Control Certification Program Master Proctor Program Application

General Organization Information	
Name of Organization:	
Organization Address: City, State, Zip:	
Mailing Address: City, State, Zip:	
Contact Name/ Master Proctor:	
Phone:	Fax:
Membership Information	
Description of organization including management structure, mission and major activities:	
Total Membership Size:	
Number of estimated members affected by certification requirements:	
Does your membership include the entire State or just portions:	
Federal Tax ID Number:	