



Georgia Erosion & Sediment Control Certification Program Proctor Application

General Information			
Name: (Last, First, MI)			
Date of Birth:		Last 4 Digits of Social Security Number:	
Employer:		Email:	
Home Address: City, State, Zip:			
Home Phone:		Email:	
Work Address: City, State, Zip:			
Work Phone:		Fax:	
Preferred mailing address for certification correspondence: <input type="checkbox"/> Home Address <input type="checkbox"/> Work Address			
Endorsements of Applicant			
Name	Address & Phone Number	Signature	Date

Proctor Affidavit

I, _____, hereby swear and affirm that:

I shall not disclose or provide to anyone, directly or indirectly, any information or documents pertaining to the development, testing and/or grading of the Georgia Education and Training Certification for Persons Involved with Land Disturbing Activities in Georgia examinations.

I will not proctor the examination of any immediate family members, friends, or direct employees or supervisors.

I am not planning to take the examination in the future.

I understand the Georgia Soil and Water Conservation Commission is not responsible for any costs or fees associated in administering examinations.

I am familiar with the Examination Procedures outlined by the Georgia Soil and Water Conservation Commission and agree to abide by these procedures.

Signature

Date