

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
- This completed form and certificate may be faxed to (850)891-7029 or emailed to GrwthMgtSvcCtr@talgov.com.