GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
Division of Conditioned Air Contractors
237 Coliseum Drive
Macon, GA 31217-3858
Phone: 478-207-2440 **Fax: 478-207-1458**

CE AUDIT REPORT FORM

For the Two-year CE Reporting Period
Ending November 30th of odd numbered years

PLEASE PRINT OR TYPE

Institute, Organization, or Agency Conducting Program	Title of Course	Location of Course	Dates Attended	Number of Hours Completed	Documentation Attached

Total Hours Completed _____

I certify that the above is true and accurate information and I have attached required documentation.

_____ Printed Name

_____ License Number

_____ Signature

_____ Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____DAY OF_____, 20 _____

_____
NOTARY PUBLIC My Commission Expires:

NOTARY SEAL