



**GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD**

**Division of Utility Contractors**

**CE AUDIT REPORT FORM**

**For the Two-year CE Reporting Period Ending December 31st of Odd Numbered Years**

**PLEASE PRINT OR TYPE**

**Be sure to sign and date in**

**The space provided**

**AFFIDAVIT**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

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

\_\_\_\_\_  
Signature of Licensed Conditioned Air Contractor

Notary Public \_\_\_\_\_

\_\_\_\_\_  
Printed/Typed Name of Licensed Conditioned Air Contractor

**NOTARY SEAL**

Daytime Telephone Number \_\_\_\_\_

License Number \_\_\_\_\_

License Issue Date \_\_\_\_\_

**Scan and Email: [hfloyd@sos.ga.gov](mailto:hfloyd@sos.ga.gov)**

**Fax: 1-866-888-9718**

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