

Name: _____

License Number: _____

Discipline _____

Georgia Board of Registration for Professional Engineers and Land Surveyors

CE AUDIT REPORT FORM

For the Four-year CE Reporting Period Ending December 31, 2020

PLEASE PRINT OR TYPE

Be sure to sign and date in

The space provided

Email to: PLB-Trades1@sos.ga.gov

Deadline for Returned Form is June 30, 2021

| Institute, Organization, or Agency Conducting Program | Title of Program or Description of content | Location of Program | Dates Attended | All Other Subjects | Number of Hours Claimed | Documentation Attached |
|---|--|---------------------|----------------|--------------------|-------------------------|------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total hours claimed | | | | | | |

Attach copies of certificates of completion for all entries listed above.

This page may be copied as needed.

Note: PDH's will not be accepted without certificate of completion attached.

Number of hours in 2019 Number of hours in 2020 Carryover from period ending 12/31/18 Number of hours in 2018 Number of hours in 2017

Name: _____

License Number: _____

Discipline: _____

Georgia Board of Registration for Professional Engineers and Land Surveyors
CE AUDIT REPORT FORM
For the Four-year CE Reporting Period Ending December 31, 2020

PLEASE PRINT OR TYPE
Be sure to sign and date in
The space provided

Email to: PLB-Trades1@sos.ga.gov

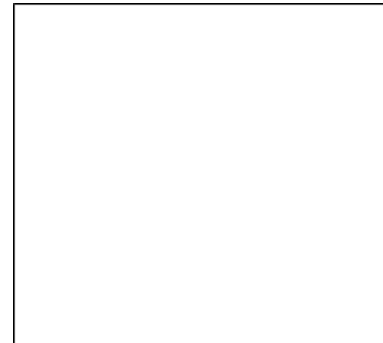
I certify that the above is true and accurate information and I have attached required documentation.

I verify that I have read and understood Board Rule Chapter 180-11 Continuing Professional Competency.

Signature of Licensee

Printed/Typed Name of Licensee

PE/LS SEAL



Daytime Telephone Number _____

License Number _____

License Issue Date _____

Discipline _____