GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Electrical Contractors
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CE AUDIT REPORT FORM

For the Two-year CE Reporting Period
Ending June 30th of even 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.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____DAY OF_____, 20 _____

_____ Printed Name

_____ License Number

_____ Signature

_____ Date

_____
NOTARY PUBLIC SIGNATURE
My Commission Expires:

NOTARY SEAL