

GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

CE AUDIT REPORT FORM

Division of Conditioned Air Contractors 237 Coliseum Drive Macon, GA 31217-3858 Phone: 404-424-9966 Trades4@sos.ga.gov

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	
		Tota	al Hours Completed]	
I certify that the above is true and accur	d SUBSCRIBED AND SWO	SUBSCRIBED AND SWORN BEFORE ME ON THIS THE				
required documentation.		DAY OF	, 20			
Printed Name	License Nu	umber				
			NOTARY PUBLIC SIGNATURE My Commission Expires:		NOTARY SEAL	
Signature	Date					