# GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Electrical Contractors
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404-424-9966 / Trades4@sos.ga.gov

# 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 |
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**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

_____
NOTARY PUBLIC SIGNATURE
My Commission Expires:

_____ _____
Signature Date

**NOTARY SEAL**