GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
Division of Master and Journeyman Plumbers
3920 Arkwright Rd., Suite 195
Macon, GA 31210
404-424-9966 Trades4@sos.ga.gov

CE AUDIT REPORT FORM

For the Two-year CE Reporting Period
Ending November 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.

_____ _____
Printed Name License Number

_____ _____
Signature Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____DAY OF_____, 20 _____

_____
NOTARY PUBLIC SIGNATURE
My Commission Expires: _____

NOTARY SEAL