



108-B Shuford Road, Columbus, NC 28722 PHONE: 828-894-6174 FAX: 855 228 3147 wncedutech.com

NC CONTRACTOR'S REGISTRATION FORM

NCLBGC APPROVED PROVIDER-Continuing Education

NAME: _____
(exactly as it appears on your qualifier ID-to check go to: NCLBGC.org/qualifier-search)

LICENSE NAME: _____

ADDRESS: _____ CITY: _____ COUNTY: _____

PHONE: (Home) _____ (Cell) _____

E-mail Address: _____

NC Contractor's License #: _____ NC Qualifier's License #: _____

Please answer the questions below, so that we can provide you the services that best fit your objectives.

Have you completed the mandatory course in 2024? Yes No

Have you completed any elective courses in 2024? Yes No

Do you request a vegetarian lunch? Yes No

Please circle your preferred date for the classes:

Available: May 17, June 21, July 12, August 16, September 13, October 11, November 8 & 22

I, _____, certify that the above information is accurate, and have provided WNC Edutech the appropriate documentation (State photo ID) to determine whether I may review and prepare for the NCLBGC mandated licensure renewal. Fees are non-refundable upon class start. By signing below, student agrees to pay all fees in full prior to attending class.

Name: _____

Date: _____