

South Carolina Department of Labor, Licensing and Regulation South Carolina Building Codes Council

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REQUEST FOR CODE ENFORCEMENT OFFICERS TO ATTEND CLASS

Course Name	
Method of Participation	□ eWISE □ LIVE □ On-Line Self-Paced
Course Date	
Provider	
Class for Certification	\Box YES \Box NO
Class for Continuing Ed.	\Box YES \Box NO
Participant Name	
BCC Registration No.	
Jurisdiction	
Position/Title	
Telephone No.	
Email Address	

Building Official Signature: _____ Date: _____

Mail Form To:

S.C. Building Codes Council P.O. Box 11329 Columbia, SC 29211-1329 Fax: 803-896-4814 Email: teresa.martin@llr.sc.gov Phone: 803-896-4614

For Council Use Only:

Approved/Denied By: Date: