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-STATE:_____ZIP:_____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 2025? _____**Yes** _____**No**

Have you completed any elective courses in 2025? _____**Yes** _____**No**

Do you request a vegetarian lunch? _____**Yes** _____**No**

Please circle your preferred date for the classes:

Available: February 13, May 22, August 21, September 25, October 2, November 13

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:_____