



108-B Shuford Road, Columbus, NC 28722    PHONE: 828-894-6174    FAX: 855 228 3147    [wncedutech.com](http://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](http://NCLBGC.org/qualifier-search))

LICENSE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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:** March 22, May 17, June 21, July 19, 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

