



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

NCLBGC APPROVED PROVIDER-Continuing Education

## NC CONTRACTOR'S REGISTRATION FORM

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: \_\_\_\_\_ COUNTY: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ 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 for 2020?                    \_\_\_\_\_ Yes                    \_\_\_\_\_ No

Have you completed any elective courses for 2020?                    \_\_\_\_\_ Yes                    \_\_\_\_\_ No

If so, how many credit hours have you completed?                    \_\_\_\_\_

Are you interested in a weekday training session?                    \_\_\_\_\_ Yes                    \_\_\_\_\_ No

Are you interested in a Saturday training session?                    \_\_\_\_\_ Yes                    \_\_\_\_\_ No

Would you prefer an all-day training session for 8 completed CEU's?                    \_\_\_\_\_ Yes                    \_\_\_\_\_ No

I, \_\_\_\_\_, certify that the above information is accurate, and will provide 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: \_\_\_\_\_