



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

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

E-mail Address: \_\_\_\_\_

NC Contractor's License #: \_\_\_\_\_ NC Qualifier's #: \_\_\_\_\_

**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 2021?                       Yes     No

Have you completed any elective courses for 2021?                       Yes     No

Are you interested in a Friday training session?                       Yes     No

Are you interested in a Saturday training session?                       Yes     No

Do you have a specific date in mind? \_\_\_\_\_

Do you prefer a vegetarian menu choice?     Yes                       No

I, \_\_\_\_\_, certify that the above information is accurate, and have or will provide WNC Edutech the appropriate documentation (State photo ID) to determine whether I may attend the NCLBGC mandated CE classes. Fees are non-refundable upon class start. By signing below, student agrees to pay all fees in full prior to attending class.

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

