

CONTINUING EDUCATION CLASS ROSTER
For
Alabama Board of Electrical Contractors

NAME OF COURSE

CE PROVIDER (Company Name)

INSTRUCTOR

*DATE(s) CONDUCTED

COURSE HOURS (No. Hours Earned)

LOCATION OF COURSE (City, State)

NAME OF LICENSEE (Please PRINT all information clearly and legibly)	ALABAMA LICENSE NO.	SOCIAL SECURITY NO. (Last 4-digits #)

I certify that the above named individuals, licensees of the Alabama Board of Electrical Contractors, successfully completed the above-referenced course.

SIGNATURE – Company Representative

PRINT – Representative's Name

*DATE

*Utilize this form or provide this information in a spreadsheet format and submit by mail, fax or email within 30 days after completion of the course to:
ALABAMA BOARD OF ELECTRICAL CONTRACTORS
Mail: 2777 Zelda Road
Montgomery AL 36106
or Fax: (334) 263-6115
or Email: electrical@alstateboard.com
Questions call: (334) 420-7232