

Certificate of Attendance

ABC Continuing Education Provider

Continuing Education Course Name

July 1, 2016

Contractor Name: \_\_\_\_\_ License No. \_\_\_\_\_

Name as it appears on license: \_\_\_\_\_

Address:

\_\_\_\_\_

Street

City

State

Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Total number of hours attended: \_\_\_\_\_

**I hereby certify that I was physically present for the number of hours indicated above.**

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

It is your responsibility to report the hours indicated above for compliance with the continuing education requirement.

Return this form to:

Mississippi State Board of Contractors  
Post Office Box 320279  
Jackson, Mississippi 39232  
Ph: (601) 354-6161 Fx: (601) 354-6715  
Toll Free: (800) 880-6161