SOUTH CAROLINA BUILDING CODES COUNCIL
CODE ENFORCEMENT OFFICERS REGISTRATION PROGRAM
CONTINUING EDUCATION

NOTE: **This Form must be completed and signed at the time of training by an approved Provider's Instructor or "In House" Moderator. Please type or print where applicable.**

1. CEO Name:_____
Last Name **First Name** **Middle Initial**

2. Registration No. _____**Classification:** _____

3. Jurisdiction: _____

4. Provider: _____

5. Course: _____

6. Training Date: _____ **Length of Training:** _____

7. No. of Credits: _____

8. Structured Course _____ **"In House" Training** _____

I hereby certify that the above information is true and accurate according to my records.

_____
Instructor's/"In House" Moderator's Printed Name

_____
Instructor's/"In House" Moderator's Signature

_____
Date

Send completed form(s) with Renewal Application to:
S. C. Building Codes Council
P. O. Box 11329
Columbia, SC 29211-1329

Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provisions of federal and state law.