



**Board for Contractors  
 EDUCATION PROVIDER LISTING APPLICATION  
 No Fee Required**

**To be completed only by education providers who have obtained Education Provider Approval from the Board for Contractors.**

This form should be used for updating the education provider listings for Board-approved education providers. Please complete the information below to ensure that the listing of Virginia Board-approved education providers contains the information as you want it to be listed. This list is published on the Department of Professional and Occupational Regulation website and distributed to interested parties as request. While the Board office does not make recommendations as to providers to contact, the Board does refer individuals to this list so that they may contact approved education providers about course dates, location, and other information. **Please make sure the information provided below is the information you want to publicly available.**

1. Name of Provider \_\_\_\_\_  
(Provider name must match the information provided on your application for Course Approval - 27EDREG.pdf)
2. Board for Contractors Provider Registration Number 

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3. Type of Approval (check all that apply)
 

<input type="checkbox"/> Tradesman CE	<input type="checkbox"/> Tradesman Vocational Training	<input type="checkbox"/> Accessibility Mechanic Vocational Training
<input type="checkbox"/> Water Well CE	<input type="checkbox"/> Water Well Vocational Training	
<input type="checkbox"/> Elevator Mechanics CE	<input type="checkbox"/> Elevator Mechanics Vocational Training	
<input type="checkbox"/> Contractors Prelicense Education	<input type="checkbox"/> Backflow Vocational Training	
<input type="checkbox"/> Contractors Remedial Education		
4. Mailing Address (PO Box accepted) \_\_\_\_\_  

City \_\_\_\_\_
State \_\_\_\_\_
Zip Code \_\_\_\_\_
5. Email Address \_\_\_\_\_  
(Email address are used for electronic communication from the Board. Owner/manager e-mail address are acceptable.)
6. Web Address \_\_\_\_\_
7. Contact Numbers \_\_\_\_\_  

Primary Telephone
Alternate Telephone
Fax
8. All Board-approved education providers must be included on the list of approved providers that is published on the Department's website upon request. In accordance with Board Policy, providers who do not offer classes to the general public may choose to have only the name of the provider included on the list, with no other contact information included. Please check the appropriate box below:
 

<input type="checkbox"/> Please include <b>all</b> contact information as provided above.
<input type="checkbox"/> Please <b>do not</b> include the contact information on the Approved Education Provider list. I understand that only the provider name will be included on the list.
9. Provide the information for the person who completed this form.  
 Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_