

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, Virginia 23233-1485
 (804) 367-8511
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**Board for Contractors
 Education Provider Listing Form
 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 requested. 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, locations, and other information. **Please make sure that the information provided below is the information you want publicly available.**

1. Name of Provider _____

This must match the information provided on your application.

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"/> 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. Address _____

City, State, Zip Code _____

5. E-mail Address _____

6. Web Address _____

Telephone and Facsimile _____

7. Numbers

() - _____
 Telephone

() - _____
 Facsimile

8. All Board-approved education providers must be included on the list of approved providers that is published on the Department's website and available to the public 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:

Please include **all** contact information as provided above.

Please **do not** 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 following for the person who completed this form.

Name (Printed) _____

Title _____

Signature _____

Date _____