

**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)

Tradesman CE Tradesman Vocational Training Accessibility Mechanic Vocational Training
 Water Well CE Water Well Vocational Training
 Elevator Mechanics CE Elevator Mechanics Vocational Training
 Contractors Prelicense Education Backflow Vocational Training
 Contractors Remedial Education

4. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____

5. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

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:

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 information for the person who completed this form.
Print Name _____ Title _____
Signature _____ Date _____