

Continuing Education Credits (CEC) Submission Form

NJ LICEB - WaterSense Irrigation Partner Program

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|------------------------------|------------------|------------|
| Name | License Number | Date |
| Company / Affiliation | Telephone Number | Fax Number |
| Address | | |
| City, State, Zip/Postal Code | | |

| Date of Activity <small>Month/Year</small> | Sponsoring Organization <small>Location (City, State)</small> | Title / Description / Course Instructor | # of CECs |
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I certify that I have completed the required Continuing Education Credit activities as reported on this form.

Signature _____

Attach copies of course completion certificates.