## FLORIDA DEPARTMENT OF EDUCATION



## Office of Educational Facilities 2024 Registration

Please complete this form with the applicable information and email it to <u>Mark.Weigly@fldoe.org</u> and <u>Don.Whitehead@fldoe.org</u>.

NOTE: Fields designated with an \* are required fields.

COURSE DATE(S)*		COURSE	NAME(S)*						
PREFIX (Mr., Ms., etc.)*		FIRST N	AME*						
LAST NAME*									
EMPLOYER/ORGANIZATION*									
TITLE*									
ADDRESS*									
DAYTIME PHONE*									
E-MAIL*									
CONFIRM E-MAIL*									
Please provide your professional license number(s) or fire college student ID number to be used for entering CEUs in the DBPR or fire college database.*						d for			
FL Licensed Architect			License #						
FL Licensed Interior Designer			License #						
FL Licensed Professional Engineer			License #						
FL Licensed General Contractor		License #							
FL Licensed Building Contractor		License #							
FL Licensed Building Inspector		License #							
FL Licensed Limited Building Inspector			License #						
FL Licensed Building Code Administrator			License #						
FL Licensed Plans Examiner			License #						
FL Licensed Limited Plans Examiner			License #						
FL State Fire College			Student ID#						
I do not hold any professional license(s). If yes, mark the box.									