

Continuing Education Credits (CEC) Submission Form

NJ LICEB - WaterSense Irrigation Partner Program

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

I certify that I have completed the required Continuing Education Credit activities as reported on this form.

Signature _____

Attach copies of course completion certificates.