

# Workers' Compensation and Workplace Safety Webinar Registration Form

The Form May Either Be E-mailed to [BocSeminars@MyFloridaCFO.com](mailto:BocSeminars@MyFloridaCFO.com) Or Faxed to 850-413-1987

**1. NAME OF INDIVIDUAL ATTENDING** (As you want it to appear on the Certificate of Completion)

<b>First</b>	<b>Initial</b>	<b>Last</b>	<b>Suffix (Jr. Sr.)</b>

**2. BUSINESS INFORMATION:**

<b>Business Name:</b>			
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>Telephone Number</b>	<b>Fax Number</b>	<b>E-Mail Address:</b>
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**3. LICENSE INFORMATION:**(For CEU Purposes with DBPR – CILB; DBPR – ECLB; or DBPR – Board of Accountancy)  
**Department of Business and Professional Regulation (DBPR) Board Issuing License:**

<input type="checkbox"/> Construction Industry Licensing Board	<input type="checkbox"/> Electrical Contractors Licensing Board	<input type="checkbox"/> Board of Accountancy
CILB Provider Number: 0004354	ECLB Provider Number: 0004684	Provider #: 0004354
Workers' Compensation Course # 609341; Workplace Safety Course # 609342; 1 CEU Awarded for Each Course	Workers' Compensation Course # 800543; Workplace Safety Course # 800544; 1 CEU Awarded for Each Course	WC Course #0015516 WPS Safety Course # 0015515 1 CEU Awarded for Each Course
<b>Type of License:</b>	<b>License #:</b>	
<b>Name of License Holder:</b>	<b>Effective Date:</b>	<b>Expiration Date:</b>

Successful completion of a TEST immediately following the class is required for processing of the CEU with the CILB or the ECLB.

**4. PLEASE IDENTIFY THE WEBINAR(S) FOR WHICH YOU ARE REGISTERING:**

	Topic:	Date:	Time:(ET)		Topic:	Date:	Time: (ET)
<input type="checkbox"/>	Workers'	July 13, 2016	2:00 –	<input type="checkbox"/>	Workplace	July 14, 2016	2:00 –