



STATE OF CALIFORNIA
 BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS
 OCCUPATIONAL LICENSING PROGRAM

CERTIFICATION OF COURSE PRESENTATION

FOR DEPARTMENT USE ONLY

DTN #: _____
 Date Received: _____
 Approved By: _____
 Disapproved By: _____
 Date: _____

SECTION 1 – INSTRUCTIONS

Pursuant to the California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapter 2, Section 5322(b) (hereinafter 25CCR), within five (5) days of the completion of each preliminary or continuing education course, including a correspondence course or a course challenge, the course provider must complete and submit this Certification of Course Presentation to the California Department of Housing and Community Development for each person who successfully completes the course.

Fees required with this certification are as follows:

- a. Twenty-two dollars (\$22) plus seven dollars (\$7) for each attendee in a classroom type course pursuant to 25CCR Section 5360(k).
- b. Three dollars (\$3) for each correspondence course or course challenge pursuant to 25CCR Section 5360(k).

SECTION 2 – COURSE PROVIDER INFORMATION (Type or Print)

COURSE PROVIDER NAME: _____ TELEPHONE NUMBER: (____) _____

BUSINESS ADDRESS: _____
Number and Street City State ZIP Code

SECTION 3 – COURSE PRESENTATION INFORMATION (Type or Print)

COURSE TITLE: _____ COURSE APPROVAL NUMBER: _____

DATE OF PRESENTATION: _____ CLOCK HOURS EARNED: _____

ADDRESS OF PRESENTATION: _____
(Except Correspondence Courses) Number and Street City State ZIP Code

INSTRUCTOR NAME: _____ INSTRUCTOR APPROVAL NUMBER: _____
First Last

INSTRUCTOR NAME: _____ INSTRUCTOR APPROVAL NUMBER: _____
First Last

COURSE TYPE (Check one box): Preliminary Education Continuing Education, Correspondence
 Continuing Education, Classroom Continuing Education, Challenge

SECTION 4 – PARTICIPANT INFORMATION (Type or Print)

FIRST AND LAST NAME	BIRTH DATE	HCD LICENSE NUMBER	DRIVER LICENSE NUMBER	COMPLETION CERTIFICATION NUMBER
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				
13. _____				
14. _____				

SECTION 4 – PARTICIPANT INFORMATION - Continued (Type or Print)

FIRST AND LAST NAME BIRTH DATE HCD LICENSE NUMBER DRIVER LICENSE NUMBER COMPLETION CERTIFICATION NUMBER

15. _____
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44. _____
45. _____

CHECK IF ADDITIONAL PAGE(S) IS/ARE ATTACHED TO IDENTIFY MORE PARTICIPANTS

SECTION 5 – CERTIFICATION

I, _____, representing the course provider, do
Type or Print First and Last Name
hereby certify under penalty of perjury under the laws of the State of California that this course was presented in its
entirety pursuant to applicable laws and regulations to the participants, as listed above, whose identification was verified.

SIGNATURE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____