



STATE OF CALIFORNIA  
 BUSINESS, TRANSPORTATION 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. \_\_\_\_\_  
16. \_\_\_\_\_  
17. \_\_\_\_\_  
18. \_\_\_\_\_  
19. \_\_\_\_\_  
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41. \_\_\_\_\_  
42. \_\_\_\_\_  
43. \_\_\_\_\_  
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 \_\_\_\_\_