LC Certification | Renewal Form

LC Certification Renewal

Certification reports must be submitted every three years. LEU Credit Reporting Forms must be submitted by the end of the third year of the cycle. Additional copies of this form may be reproduced or downloaded from the NCQLP website, www.ncqlp.org.

Renewal Submission

LC's may submit their LEU renewal by mail/private carrier or online through the NCQLP website, www.ncqlp.org. ***Incomplete forms will be returned without processing. No emails or faxes will be accepted. Do not send duplicate copies.***

Renewal Fee and Program Support

For renewal fee details, please refer to page 1. Select only one renewal fee option. Donations are appreciated and you will be recognized online in the "Program Support" area of the NCQLP website.

Select Only One Renewal Fee Option

☐ **$350** (Postmarked by January 31)
☐ **$575** (Postmarked from February 1 *to* March 31)

⊕ $ _____ Program Support *(Optional)*

⊜ $ _____ Total Amount Due

Payment Method

If paying with check, please make payable to "NCQLP"

☐ Check *(#_____)* ☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS

_____ _____
Credit Card Number Expiration Date

_____
Cardholders Name

Don't forget, please make a copy for your records.

Contact Information

☐ My Registry contact information is correct or I will update it.

_____ _____
Phone Number Fax Number

_____ _____
Alternate Phone Number *(Mobile)* Email

_____
Primary Lighting Professional Area of Expertise *(For use in identifying professional experts)*

Program Date	Program Title	Program Sponsor	Category Number*	Number of LEUs*
**See Page 3 in the NCQLP LC Certification Guideline Booklet for Category Number and LEU value.*		**Total Number of LEUs**		

Declaration

By submitting and signing this LEU Credit Reporting Form for a three-year renewal cycle, I verify to the best of my knowledge that the information contained herein is true, complete and accurate, and that the professional development activities undertaken were in lighting and lighting-related fields. I understand that all credits are subject to verification by the NCQLP through the audit process.

_____
Name *(Please Print)*

_____ _____
Signature Date

NCQLP | *U.S. Mail* ▪ P.O. Box 142729 ▪ Austin, TX 78714-2729 | *Private Carrier* ▪ 1016 La Posada Drive #155 ▪ Austin, Texas 78752 | www.ncqlp.org