



Qualified Gas Contractors
Application
For
Continuing Education Classes

Name (First) _____(Middle) _____(Last) _____

Generation (Jr. Sr. ect.) _____

Address 1. _____

Address 2. _____

City _____

State _____ Zip _____

Birthday (mmddy) _____

Tradesman Certificate # _2710-_____

Please select

Specialty Gas Fitter ____ HVAC Mech. ____ Plumbing ____

There is no additional cost in selecting multiple specialties per class.

Class date preferred (mmdd) _____

(refer to the attached class schedule)

QGC Member Status (please circle) Yes / No

Company Affiliation (employer) _____

Payment: \$150.00 for QGC members / \$250.00 for non-members

Payment type (please circle) Check Enclosed / Credit Card

Credit Card Number: _____

Expiration date (mm/yy) _____

Mail Application with payment to:

Qualified Gas Contractors Association
6111 Atlantic Ave Virginia Beach Virginia 23451 (757) 489-1432