



**H O M E
BUILDERS
LICENSURE
B O A R D**

Mailing Address

P. O. Box 303605
Montgomery, Alabama
36130-3605

Street Address

445 Herron Street
Montgomery, Alabama
36104

Telephone

(334) 242-2230

Fax

(334) 263-1397

www.hblb.alabama.gov

First Class Mail and Email: programs@atyourpaceonline.com

April 14, 2021

Mr. Tony Bowers
1 Attempt (At Your Pace Online)
1383 2nd Avenue
Gold Hill, Colorado 97525

RE: Application(s) for Continuing Education
Instructor(s)
P5I-1, Mike Melvin
Course(s)
Alabama 4 Hour Contractor CE Course

Dear Mr. Bowers:

On April 13, 2021, the Home Builders Licensure Board (the "Board") reviewed your applications. I am pleased to inform you that your applications were approved.

Enclosed in the course evaluation form and attendance roster to be completed and returned to the Board within 14 business days of providing course instruction. By email to ce@hblb.alabama.gov, inform the Board of when the course(s) is ready to be taught and provide the Board with the link needed to direct licensees to your course(s).

If you have questions, please call me at (334) 242-4654. Thank you for your cooperation in this matter.

Sincerely,

Darlene Burt
Continuing Education Coordinator
Home Builders Licensure Board

/db

Enclosures:

Course Evaluation

Course Name: _____ Instructor: _____

The State of Alabama Home Builders Licensure Board requests your participation in this evaluation process. All answers will contribute to the improvement of the quality of continuing education.

ALL EVALUATIONS WILL BE KEPT ANONYMOUS.

Please mark your response in the space provided, i.e., "Strongly Agree", "Agree" or "Disagree", "Not Applicable"

1. The instructor began class on time.
Strongly Agree _____ Agree _____ Disagree _____ Not Applicable _____
2. The instructor was organized and prepared for class.
Strongly Agree _____ Agree _____ Disagree _____
3. The instructor demonstrated adequate knowledge of the subject matter.
Strongly Agree _____ Agree _____ Disagree _____
4. The instructor presented material clearly.
Strongly Agree _____ Agree _____ Disagree _____
5. The instructor encouraged questions and comments from participants.
Strongly Agree _____ Agree _____ Disagree _____ Not Applicable _____
6. The instructor demonstrated a positive attitude toward the subject.
Strongly Agree _____ Agree _____ Disagree _____
7. This course proved to be beneficial to me as a contractor.
Strongly Agree _____ Agree _____ Disagree _____
8. All instructional material and/or equipment for the course were adequate.
Strongly Agree _____ Agree _____ Disagree _____
9. The classroom/lab environment was safe and clean.
Strongly Agree _____ Agree _____ Disagree _____
10. Would you recommend this continuing education class to others?
Strongly Agree _____ Agree _____ Disagree _____

USE THIS SPACE TO PROVIDE ADDITIONAL COMMENTS

**THANK YOU FOR YOUR PARTICIPATION
CERTIFIED ATTENDANCE ROSTER**

CERTIFIED ATTENDANCE ROSTER

Course Title: _____

Course Hours: _____ Date(s) Offered: _____

Instructor Name: _____ Provider (if applicable): _____

Participant must sign in for each entity in which they are responsible for completing continuing education.

| | PRINT NAME | HBLB LICENSE # | SIGNATURE |
|-----|------------|----------------|-----------|
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This attendance roster and fees (\$5.00 per every credit hour taught to each licensee) must be submitted to the Board's office within fourteen (14) days of course completion.

Send Roster and payment to:
 Home Builders Licensure Board
 Attention: Continuing Education
 445 Herron Street
 Montgomery Alabama, 36104
 cc@hblb.alabama.gov
 Phone: (334) 242-2230
 Toll Free: 800-304-0853
 Fax: (334) 263-1397

CERTIFIED ATTENDANCE PAYMENT

Course Title: _____

Course Hours: _____ Date(s) Offered: _____

Instructor Name: _____ Provider (if applicable): _____

Fees can be paid by check or credit/debit card. **We accept VISA, MasterCard, and Discover.** If you chose to make payment by credit/debit card, please complete the following and return it to the Board.

| Credit Card Payment | | | |
|---------------------|-----------------|---------------|----------|
| Card Number | Expiration Date | Security Code | |
| Billing Address | City | State | Zip Code |
| Telephone Number | Email | | |
| Printed Name | Signature | | |