STATE LANDSCAPE CONTRACTORS BOARD
VOLUNTEER/TEACHING OR PRESENTING APPROVAL FORM

(PRINT OR TYPE)

LCB
Office Use Only
Date Rec. Stamp

Applicant Name:_____

Address: _____
Street/P.O. Box City State/Zip

Telephone: _____; Fax: _____

Applicant email: _____License #: _____

Organization served: _____

Date(s):_____

Brief explanation of work done or course title:

_____
(see OAR 808-040-0025(4) & (5) for allowable activities)

Type of CEH hours: Technical _____ Business _____ Other _____

Teaching/Presenting preparation time _____ teaching/presenting time _____

OR

Volunteer Hours provided: _____ CEH Requested _____
(LCB will allow 1 hour of CEH credit for every 3 hours of qualified volunteer service provided)

Name of Supervisor:

_____
(PRINT OR TYPE)

Agency Phone: _____ Email: _____

Agency Address:

_____
Street/P.O. Box City State/Zip

_____
Supervisor's Signature Date Signed

Send by Mail, Fax or Email to:

Landscape Contractors Board
2111 Front St. NE, Ste 2-101
Salem, OR 97301
Fax: (503) 967-6298;
email: lcbinfo@lcb.state.or.us

LCB Use Only

CEH Requested _____ CEH Approved _____

☐ Approved ☐ Not Approved

Reviewer: _____