

# EDUCATION PROGRAM APPLICATION FORM



P.O. Box 831 Mt. Angel, OR 97362  
Phone (541) 270-0248, Toll Free 1-877-910-1686

Last Name

First Name

Middle Name

Mailing Address

City/State

Zip

Date of Birth:

(Required by CCB)

Area Code/Telephone

Driver's License Number:

NOTE! A valid driver's license, passport number, DMV ID card number,  
OR military ID number is required by the CCB  
This will be your "Student Number"

Please send me a #1 Construction Concept, Inc. Home Study Course  
I understand the cost is \$144.95, which includes shipping.

## Method of Payment:

☐

**Check** (make check payable to #1 Construction Concept, Inc.)

Note: If check comes back marked insufficient funds, your course completion information will not be transmitted to the Contractors' Board until it clears.  
There will also be a \$25 charge.

☐

**Money Order** (make check payable to #1 Construction Concept, Inc.)

☐

**Credit Card** VISA, MASTER CARD, AMERICAN EXPRESS OR DISCOVER

Credit Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail completed form along with payment to:  
#1 Construction Concept  
P.O. Box 831 Mt. Angel, OR 97362