



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.license.state.tx.us - customer.service@license.state.tx.us

APPLICATION FOR:

AIR CONDITIONING & REFRIGERATION CONTRACTOR

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1302, TITLE 8

Do Not Write in the Fee Area Immediately Below

Table with 3 columns: RECEIPT NUMBER, PMT. AMOUNT, MONEY TYPE

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

IF ALL REQUIREMENTS FOR A LICENSE ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.

1. Applicant's Full Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth: 3. Gender Female Male

4. Applicant's Social Security No.:

Note: Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application.

5. Business Information:

Federal ID Number (Information regarding the Federal/Employer ID # may be obtained through this web page: http://www.irs.gov/businesses)

Business Name(s)

Physical location (Business Address) Number, Street, Suite No., Apt. No.

City State Zip Code Area Code Phone Number

Mailing address Number, Street, Suite No., Apt. No. (P.O. Box is allowed for this address.)

City State Zip Code Area Code FAX Phone Number

6. Applicant's Mailing Address : (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

Number, Street, Suite No., Apt. No. or P.O. Box

City State Zip Code Area Code Phone Number

FAX Number: Area Code Phone Number E-mail Address (john.doe@aol.com for example) See Note 1

7. Have you ever been convicted of a criminal offense? Yes No

(Include all felonies and misdemeanors other than minor traffic violations.)

If YES, attach a "Criminal History Questionnaire" to this application.

All forms may be found at www.license.state.tx.us/ac/acrfoms.htm.

THIS FORM CONSISTS OF 4 PAGES.

8. Have you ever had a business license, certification or registration suspended, revoked or denied in any state?

YES NO If YES, submit a "Disciplinary Action Questionnaire" with this application.

CHECK EACH CLASS AND ENDORSEMENT FOR WHICH YOU ARE APPLYING

NOTE: AN EXAMINATION FEE OF \$90.00 IS REQUIRED FOR EACH EXAM.

9.

English Version Spanish Version

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | CLASS A ENVIRONMENTAL AIR CONDITIONING |
| <input type="checkbox"/> | <input type="checkbox"/> | CLASS B ENVIRONMENTAL AIR CONDITIONING |
| <input type="checkbox"/> | <input type="checkbox"/> | CLASS A COMMERCIAL REFRIGERATION/PROCESS COOLING AND HEATING |
| <input type="checkbox"/> | <input type="checkbox"/> | CLASS B COMMERCIAL REFRIGERATION/PROCESS COOLING AND HEATING |

EMPLOYMENT HISTORY

10. The Employment History must be completed on this application. Your employment history should indicate at least 36 months of practical experience with the tools of the trade in the preceding (5) years. (See Attachments below for information regarding "self employment".)

ATTACHMENTS

11. **Attach an Experience Verification Form which indicates at least 36 months of practical experience with the tools of the trade in the preceding 5 years.** (Several forms may be attached.) (See Section 1302.255 (a) of the Air Conditioning and Refrigeration Contractors Occupations Code.) If you are "self-employed", documented proof is required. Documented proof consists of copies of: service orders, contracts, invoices, or letters from former customers. This information should include dates, type of work performed and names of customers. Submit at least 3 documents per year for 3 of the last 5 years.

12. Attach a transcript if you wish to use credit for air conditioning and refrigeration courses to fulfill up to two years of the required 36 months of practical experience with the tools of the trade. (See Section 1302.255 (b) of the Air Conditioning and Refrigeration Contractors Occupation Code, or Section 75.20 (b) of the Texas Air Conditioning and Refrigeration Administrative Rules, Chapter 75.)

NOTICE REGARDING APPLICABLE FEES

13. If you submit an insufficient fee amount with this application, or submit an outdated application form, it may be returned to you. To verify the correct form version and required fees, consult the TDLR web site (www.license.state.tx.us) or contact TDLR using the information at the top of the first page. All fees are required to be submitted with this application. Examination fee is \$90 per exam. License Application Fee is \$130 (which includes the \$80 License Fee). Example: one exam requested - total fee required = \$220. Two exams requested - total fee required = \$310. **Application fees are NOT refundable.**

STATEMENT OF APPLICANT

14. By signing this application I certify all information submitted on this and attached forms is true and accurate. I authorize TDLR to conduct any investigations of me which it deems prudent. I understand that the information revealed in an investigation may be cause for disapproval of the application even though other requirements for a license have been met. I understand that the contents of the qualifying examination are confidential and that revealing questions and answers to another applicant or to any person associated with a school or examination preparation course is grounds for disapproval of the application or revocation of my license. If I am asked to reveal the contents of an examination, I will not do so.

Date Signed

Signature of Applicant

NOTE 1: The Department will add your address to the Air Conditioning Contractors email notification list, which automatically provides information from the Department on matters affecting Air Conditioning and Refrigeration. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: <http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>.

NOTE 2: State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. **YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed Student Loan Corporation, P.O. Box 15996, Austin, Texas 78761-5996, Telephone: 1-800-222-6297.**

Applicant Name: _____ **Social Security #** _____ - _____ - _____

EMPLOYMENT HISTORY

PLEASE INDICATE BELOW YOUR EMPLOYMENT HISTORY. ATTACH ADDITIONAL SHEETS IF NECESSARY.
YOUR HISTORY SHOULD COVER AT LEAST 3 OF THE LAST 5 YEARS OF YOUR EMPLOYMENT.

If you are self-employed, please complete this page to the best of your ability and see "Attachments" on page 2 of the application.

NOTE: TO AVOID DELAY IN PROCESSING YOUR APPLICATION, THE FOLLOWING SECTIONS MUST BE COMPLETED

Employer:	Employer's Telephone No. ()
Address:	Supervisor's Name:
City and State/Zip:	Starting Date: Leaving Date:

Employer:	Employer's Telephone No. ()
Address:	Supervisor's Name:
City and State/Zip:	Starting Date: Leaving Date:

Employer:	Employer's Telephone No. ()
Address:	Supervisor's Name:
City and State/Zip:	Starting Date: Leaving Date:

Employer:	Employer's Telephone No. ()
Address:	Supervisor's Name:
City and State/Zip:	Starting Date: Leaving Date:

Employer:	Employer's Telephone No. ()
Address:	Supervisor's Name:
City and State/Zip:	Starting Date: Leaving Date:

**TEXAS AIR CONDITIONING CONTRACTORS LICENSE APPLICATION ATTACHMENT:
EXPERIENCE VERIFICATION FORM**

This form should be completed by a person qualified to verify air conditioning and refrigeration experience for the applicant. This form SHOULD NOT be completed by the applicant.

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER _____

NAME OF BUSINESS WHERE EXPERIENCE WAS ACQUIRED: _____

NAME OF PERSON VERIFYING EXPERIENCE: _____ TELEPHONE: (____) _____

YES NO Are you a licensed Air Conditioning and Refrigeration Contractor?
If so, what is your license number _____

WAS APPLICANT: AN EMPLOYEE A SUBCONTRACTOR

WHAT WAS OR IS YOUR RELATIONSHIP TO THE APPLICANT?

Employer Supervisor Co-worker Other _____

FIRST DATE OF APPLICANT'S EMPLOYMENT: ____/____/____ LAST DATE OF APPLICANT'S EMPLOYMENT: ____/____/____

EMPLOYMENT OR SUBCONTRACTOR STATUS: FULL TIME PART TIME _____#OF HOURS WORKED EACH WEEK

DESCRIBE IN DETAIL THE AIR CONDITIONING AND REFRIGERATION JOB DUTIES PERFORMED BY THE APPLICANT:

BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature

Date