

**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