



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.air.conditioning@tdlr.texas.gov

AIR CONDITIONING AND REFRIGERATION CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

This completed application is required prior to scheduling your Texas examination. If your application is approved, we will notify the exam provider (PSI) and they will send you instructions for how to proceed with scheduling your examination. The exam fee will be paid directly to PSI.

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DATE OF BIRTH – Write your birthdate. You must be at least 18 to be eligible for this license.
3. GENDER – Select whether you are male or female.
4. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.

5. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. PHONE NUMBER -- Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. FAX NUMBER - Write a fax number, including the area code, where you can receive faxes.
8. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/LIC002.pdf

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and pay a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm

10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf
11. BUSINESS NAME: Write the business name where you are or will be working.
12. FEDERAL ID NUMBER: Write the federal ID number for the business you are working for or will be working for. Information about federal/employer ID numbers may be obtained at www.irs.gov/businesses.
13. BUSINESS PHYSICAL LOCATION - Write the physical location of the business you work for or will be working for.

14. BUSINESS/EMPLOYER PHONE NUMBER: Write the business phone number, including the area code, of your employer.

15. CLASS AND ENDORSEMENTS - Check the license class and endorsement for which you are applying.

- **Class A Environmental Air Conditioning** endorsement entitles the license holder to engage in air conditioning contracting for environmental air conditioning in relation to a system, a product, or equipment of any size or capacity.
- **Class B Environmental Air Conditioning** endorsement entitles the license holder to engage in air conditioning contracting for environmental air conditioning in relation to a system, a product, or equipment of not more than: (1) 25 tons cooling capacity; or (2) 1.5 million British thermal units per hour output heating capacity.
- **Class A Commercial Refrigeration and Process Cooling or Heating** endorsement entitles the license holder to engage in refrigeration contracting for commercial refrigeration and process cooling or heating in relation to a system, a product, or equipment of any size or capacity.
- **Class B Commercial Refrigeration and Process Cooling or Heating** endorsement entitles the license holder to engage in refrigeration contracting for commercial refrigeration and process cooling or heating in relation to a system, a product, or equipment of not more than: (1) 25 tons cooling capacity; or (2) 1.5 million British thermal units per hour output heating capacity.

16. EXPERIENCE ONLY - The Employment History of the application should be thoroughly completed. This should indicate at least 48 months (4 years) of practical experience in the preceding 72 months (6 years). Attach Experience Verification Form(s). This form should be thoroughly completed by a person qualified to verify air conditioning and refrigeration experience for the applicant, and **NOT** be completed by the applicant.

Every 2,000 hours of on-the-job training in an apprenticeship program is equivalent to 12 months of practical experience.

Each of the following qualifies as practical experience for purposes of satisfying the 48-month requirement:

- Having verified military service in which the person was trained in or performed air conditioning and refrigeration-related work as part of the person's military occupational specialty;
- performing air conditioning and refrigeration-related work while regularly employed by a regulated electric or gas utility;
- being a licensed engineer under Chapter 1001 who engages in air conditioning and refrigeration contracting work in connection with the business in which the person is employed but does not engage in that work for the public;
- being employed by an industrial operation, including a chemical plant, petrochemical plant, refinery, natural gas plant, or natural gas treating plant, and performing process cooling or heating work for the operation;
- performing air conditioning and refrigeration-related work while employed by a governmental entity.

Note: You must submit a Certificate of Insurance, which includes the license holder name and business name to the Department after you pass the examination.

17. EXPERIENCE AND EDUCATION - If you want to substitute education for experience, attach a diploma, transcript or completion certificate from a certification program. The following are accepted:

- a completed four-year degree or diploma in **air conditioning engineering or technology, refrigeration engineering or technology, or mechanical engineering** (equivalent to 24 months of practical experience); or
- a completed two-year associate's degree, a two-year diploma, or a two year certification program primarily focused on air conditioning and refrigeration related work (equivalent to 12 months of practical experience); or
- a completed one-year certification program, or a program of a least two semesters, in air conditioning and refrigeration-related work (equivalent to six months of practical experience); and
- other completed applicable degrees, diplomas, or certifications will be reviewed on a case-by-case basis.

Note: You must submit a Certificate of Insurance, which includes the license holder name and business name to the Department after you pass the examination.

18. **RECIPROCITY:** If you are applying for a license by reciprocity, you must submit the following: completed application, license application fee, a letter of good standing from South Carolina or Georgia which also indicates you have taken and passed an exam to obtain the out of state license, a copy of your current out-of-state license, and a certificate of insurance.
Texas reciprocates with: South Carolina - www.contractors-license.org/sc/sc.htm and Georgia - www.sos.state.ga.us/plb/
Further information may be obtained through our Frequently Asked Questions page at: <http://www.tdlr.texas.gov/acr/acrfaq.htm#ACRContractor>
19. **GOVERNMENT EMPLOYEES** - To use experience while employed by a governmental entity, attach documentation that provides verifiable proof of your relevant experience.
20. **STATEMENT OF APPLICANT** - Carefully read the statement before signing and dating your application.
21. **EMPLOYMENT HISTORY** - Use this section to provide your air conditioning and refrigeration employment history. This should indicate at least 48 months (4 years) of practical experience in the preceding 72 months (6 years).
22. **EXPERIENCE VERIFICATION FORM** - This form should be thoroughly completed by a person qualified to verify air conditioning and refrigeration experience for the applicant, and **NOT** be completed by the applicant. This form must match your employment history or it will not be accepted.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

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 ATTN: Collections PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgslc.org> or email: cust.assist@tgslc.org.**



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AIR CONDITIONING AND REFRIGERATION CONTRACTOR LICENSE APPLICATION

DO NOT WRITE ABOVE THIS LINE

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$115 (FEE IS NON-REFUNDABLE)

1. Name:

Last First Middle Name Suffix

2. Date of Birth:

_____-_____-_____
Month Day Year

3. Gender:

☐ Male ☐ Female

4. Social Security Number:

(See instruction sheet for disclosure information) _____

5. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address)

Number, Street Name, Suite Number,/Apartment Number

6. Phone Number:

City State Zip Code (Area Code) Phone Number

7. Fax Number:

(Area Code) Phone Number

8. Email Address:

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

☐ Yes ☐ No

If YES, complete and attach a Criminal History Questionnaire for each offense.

See instruction sheet for more information

10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?

☐ Yes ☐ No

If YES, attach a Disciplinary Action Questionnaire to this application.

(This does not include your driver license.)

BUSINESS INFORMATION

Note: A person holding an air conditioning and refrigeration contractor license may assign that license to only one permanent office of one air conditioning and refrigeration contracting company. You may leave this area blank if you are not sure where you will be working after you pass the examination.

11. Business Name: (limited to 40 characters (due to space limitations))

12 Federal ID Number: (Information about the Federal/Employer ID number can be found at www.irs.gov/businesses)

13. Business Physical Location: (PO Box is not allowed for this address)

Number, Street Name, Suite Number,/Apartment Number

14. Business/Employer Phone Number:

City State Zip Code (Area Code) Phone Number

15. CLASS AND ENDORSEMENT

See the instruction sheet for more information

- | | |
|---|---|
| <input type="checkbox"/> Class A Environmental Air Conditioning | <input type="checkbox"/> Class A Commercial Refrigeration/Process Cooling and Heating |
| <input type="checkbox"/> Class B Environmental Air Conditioning | <input type="checkbox"/> Class B Commercial Refrigeration/Process Cooling and Heating |

16. EXPERIENCE ONLY

If you are applying for this license by experience only:

Your employment history should indicate at least 48 months (4 years) of practical experience in the preceding 72 months (6 years) under the supervision of a licensed air conditioning and refrigeration contractor.

Attach to your application:

- (a) Employment History Form (make additional copies if needed)
- (b) Experience Verification Form (make additional copies if needed)

NOTE: You must submit a Certificate of Insurance, which includes the license holder name and business name, to the Department after you pass the examination.

See the instruction sheet for more information

17. EXPERIENCE & EDUCATION

If you are applying for this license by substituting education for a portion of experience:

Attach to your application:

- (a) a diploma, transcripts, or completion certificate
- (b) Employment History Form (make additional copies if needed)
- (c) Experience Verification Form (make additional copies if needed)

NOTE: You must submit a Certificate of Insurance, which includes the license holder name and business name, to the Department after you pass the examination.

See the instruction sheet for more information

18. RECIPROCITY

if you are applying for this license through reciprocity: (Texas currently reciprocates with Georgia and South Carolina only)

Attach to your application:

- (a) a letter of good standing from the reciprocating state
- (b) a copy of your current out-of-state license
- (c) a completed certificate of insurance

See the instruction sheet for more information

19. GOVERNMENT EMPLOYEES

For government experience, attach to your application supporting documentation such as a job description that

20. STATEMENT OF APPLICANT

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

21. EMPLOYMENT HISTORY**Name:** (As it appears on your original application)

Last

First

Middle Name

Suffix (JR, SR, III)

Social Security Number:

(See instruction sheet for disclosure information)

Provide your air conditioning and/or refrigeration employment history in the space provided. Attach additional sheets if necessary. Your history should cover at least 48 months (4 years) within the last 72 months (6 years). For each employment period, you must provide either a letter from the supervising air conditioning contractor who supervised your experience, or a completed Experience Verification Form.

1. Business Name:**Employer's Phone Number:**

()

Area Code

Phone Number

Employer's Address:

Number, Street Name, Suite Number

City

State

Zip Code

A/C Supervising Contractor Name:**License Number:**

Last

First

Employment Dates:

Starting Date (Month/Day/Year): Ending Date (Month/Day/Year):

2. Business Name:**Employer's Phone Number:**

()

Area Code

Phone Number

Employer's Address:

Number, Street Name, Suite Number

City

State

Zip Code

A/C Supervising Contractor Name:**License Number:**

Last

First

Employment Dates:

Starting Date (Month/Day/Year): Ending Date (Month/Day/Year):

3. Business Name:**Employer's Phone Number:**

()

Area Code

Phone Number

Employer's Address:

Number, Street Name, Suite Number

City

State

Zip Code

A/C Supervising Contractor Name:**License Number:**

Last

First

Employment Dates:

Starting Date (Month/Day/Year): Ending Date (Month/Day/Year):

4. Business Name:**Employer's Phone Number:**

()

Area Code

Phone Number

Employer's Address:

Number, Street Name, Suite Number

City

State

Zip Code

A/C Supervising Contractor Name:**License Number:**

Last

First

Employment Dates:

Starting Date (Month/Day/Year): Ending Date (Month/Day/Year):



22. AIR CONDITIONING AND REFRIGERATION CONTRACTOR EXPERIENCE VERIFICATION FORM

This form should be completed by a person qualified to verify air conditioning and refrigeration experience for the applicant and whom the Department may contact for verification

This form must **not** be completed by the applicant. Make additional copies if needed.

This is to certify that _____
Applicant's full name Applicant's Social Security Number
performed the services under my license and direct supervision as described below.

EMPLOYMENT INFORMATION

Business Name: _____

Employment Start Date: _____ Employment End Date: _____
Month/Day/Year Month/Day/Year

Supervisor's Name _____ Supervisor's License Number _____

EMPLOYMENT EXPERIENCE

CHECK ALL THAT APPLY

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Replacement | |
| <input type="checkbox"/> Air Handler | <input type="checkbox"/> Controls | <input type="checkbox"/> Process Piping |
| <input type="checkbox"/> Chiller | <input type="checkbox"/> Duct Work | <input type="checkbox"/> Refrigerant and Drain Piping |
| <input type="checkbox"/> Cooling Coil | <input type="checkbox"/> Evaporator | <input type="checkbox"/> Refrigerant and Process Piping |
| <input type="checkbox"/> Cooling Tower | <input type="checkbox"/> Gas Furnace | <input type="checkbox"/> Troubleshooting |
| <input type="checkbox"/> Condenser | <input type="checkbox"/> Ice Makers | <input type="checkbox"/> Walk-in Coolers/Freezers |

Other (describe in full detail): _____

TEXAS LICENSED EMPLOYER STATEMENT

As a licensee of the Texas Department of Licensing and Regulation, I have only verified actual experience (number of hours and duties) that this applicant received while working under my license and supervision. I understand that I may be subject to disciplinary action up, to and including revocation of my license, if I verify experience other than that which was performed while the applicant was working under my license and supervision. By signing this form, I certify that the information on this form is true and correct.

Printed Name of Verifying Person

Date Signed

Signature of Verifying Person