



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

AIR CONDITIONING AND REFRIGERATION CERTIFIED TECHNICIAN APPLICATION INSTRUCTIONS

This application may be used for a “certified” technician.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. NAME – Provide 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 – Provide 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(c)(1) of the Texas Family Code in order to obtain a license. If you do not have a Social Security Number, you must complete the [Social Security Number Status Certification](#) form. 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](#).
5. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. PHYSICAL ADDRESS – Provide the physical address (location) of your residence. Do not use a post office box for this address.
7. PHONE NUMBER – Provide 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.
8. EMAIL ADDRESS – Provide your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
9. APPLICATION AND ELIGIBILITY REQUIREMENTS
 - A. **Experience** - Attach Experience Verification Form(s). This must indicate at least 24 months (2 years) of air conditioning and refrigeration-related work under the supervision of a licensed air conditioning and refrigeration contractor. This form must be completed by a person qualified to verify air conditioning and refrigeration experience for the applicant, and should **NOT** be completed by the applicant.
Military experience may be combined with or used as part of the experience. If military experience is being used, attach to your application the complete military supplemental application and supporting documents showing you were trained in or performed air conditioning and refrigeration-related work as part of your military occupational specialty; or
 - B. **Certification Training Program:** Attach proof of completion of a department-accepted or approved Certification training program within the previous 48 months. To see a list of approved courses; see our [Approved Course List](#).
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 \(PDF\)](#) for each disciplinary action.
11. 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 \(PDF\)](#) for each offense.
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 \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) form for each crime you were convicted of, or placed on deferred adjudication for, and pay a \$10.00 fee.

12. STATEMENT OF APPLICANT - Carefully read the statement before signing and dating your application.
13. EXPERIENCE VERIFICATION FORM - This form must be thoroughly completed by a person qualified to verify air conditioning and refrigeration experience for the applicant, and **NOT** be completed by the applicant.

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.

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 see the [TDLR Military Information web page](#).

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#) or reach Customer Service via [web form](#). You may also reach us at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).



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AIR CONDITIONING AND REFRIGERATION CERTIFIED TECHNICIAN 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: \$50 (FEES ARE NON-REFUNDABLE)

1. Name:

Last

First

Middle

Suffix

2. Date of Birth:

MM/DD/YYYY

3. Gender:

Male

Female

4. Social Security Number:

See instruction sheet for disclosure information

5. Mailing Address: (PO box can be used for this address)

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code + 4

6. Physical Address: (PO box cannot be used for this address)

Number, Street Name, Suite Number/Apartment Number

City

State

Zip Code + 4

7. Phone Number

(Area Code) Phone Number

8. Email Address

(ex: johndoe@gmail.com) (See instruction sheet for disclosure information)

9. Application and Eligibility Requirements:

A. Experience:

Attach Experience Verification Form(s). This must indicate at least 24 months (2 years) of air conditioning and refrigeration-related work under the supervision of a licensed air conditioning and refrigeration contractor. This form must be completed by a person qualified to verify air conditioning and refrigeration experience for the applicant, and should **NOT** be completed by the applicant. Military experience may be combined with or used as part of the experience. If military experience is being used, attach to your application the complete military supplemental application and supporting documents showing you were trained in or performed air conditioning and refrigeration-related work as part of your military occupational specialty; or

B. Certified Training Program:

Attach proof of completion of a department-accepted or approved certification training program within the previous 48 months. See [TDLR approved courses](#).

See the instruction sheet for more information

10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state? If YES, attach a Disciplinary Action Questionnaire to this application. <p style="text-align: center;"><u>This does not include your driver license</u></p>	Yes	No
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11. Have you 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. <p style="text-align: center;"><u>See instruction sheet for more information</u></p>	Yes	No
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12. STATEMENT OF APPLICANT

<p>I certify that I have read and will comply with all applicable provisions of the Air Conditioning and Refrigeration Contractor License Law, Texas Occupations Code, Chapter 1302; Texas Occupations Code, Chapter 51; 16 Texas Administrative Code, Chapter 60; and the Air Conditioning and Refrigeration Contractors Administrative Rules, 16 Texas Administrative Code, Chapter 75. I further certify that when I perform work for which this registration is required, I will only work under the supervision of a licensed Air Conditioning and Refrigeration Contractor. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center; vertical-align: bottom; padding-top: 20px;">Signature of Applicant</td> <td style="width: 40%; text-align: center; vertical-align: bottom; padding-top: 20px;">Date Signed</td> </tr> </table>	Signature of Applicant	Date Signed
Signature of Applicant	Date Signed	

15. AIR CONDITIONING AND REFRIGERATION CERTIFIED TECHNICIAN EXPERIENCE VERIFICATION

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.

Applicants Employment Start Date:

MM/DD/YYYY

Employment End Date:

MM/DD/YYYY

EMPLOYMENT EXPERIENCE

CHECK ALL THAT APPLY

- | | | |
|------------------|------------------------------|--------------------------------|
| New Installation | Replacement | |
| Air Handler | Duct Work | Refrigerant and Process Piping |
| Chiller | Evaporator | System Sizing Calculations |
| Cooling Coil | Gas Furnace | Troubleshooting |
| Cooling Tower | Ice Makers | Walk-in Coolers/Freezers |
| Condenser | Process Piping | |
| Controls | Refrigerant and Drain Piping | |

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

License Number

Signature of Verifying Person

Date Signed