TEXAS DEPARTMENT OF LICENSING & REGULATION
P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

AIR CONDITIONING AND REFRIGERATION CAREER AND TECHNOLOGY EDUCATION PROGRAM INSTRUCTIONS

AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTATION IS PROVIDED

1. **Education Program Provider Name** – Enter the assumed, legal or DBA name of the provider. This must be the name used in all advertisements.
2. **Education Program Name** – Enter the name of the education program (if applicable).
3. **Provider Phone Number** – Enter the provider phone number.
4. **Provider Email Address** – Enter the provider email address.
5. **Provider's Mailing Address** – Enter the provider's mailing address. This address is where the Department will mail correspondence and may be a post office box.
6. **Provider Physical Address** – Enter the physical address of the provider. This address is the actual business location of the provider and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
7. **Education Program Contact Person and Email Address** - Provide the contact person's name, telephone number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your contacts email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
8. **Type of Education Program Provider:** Check the box that indicates the type of program provider.
   - **Institution of Higher Education**: as defined by ***Section 61.003***, Education Code; any public technical institute, public junior college, public senior college or university, or public state college.
   - **Private School**: as defined by ***Section 5.001***, Education Code; a school that: (A) offers a course of instruction for students in one or more grades from prekindergarten through grade 12; and (B) is not operated by a governmental entity.
9. **Education Program Supervising ACR Contractors or Certified Technicians:** Enter the name and license number for each ACR contractor who is supervising program participants. If you have more than four contractors or certified technicians supervising program participants, the names and license numbers may be provided on a separate sheet of paper. For a certified technican to be eligible as an instructor, the technician must have been licensed after 09/01/2018.
10. **Certification of Education Provider Responsibilities** - Place an X in each box for to certify you will comply with all Education Provider Responsibilities as defined in the Administrative Rules, 16 Texas Administrative Code, Chapter 75.
11. **Statement of Applicant** – Application must be signed by the owner, officer or other authorized personnel.

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.

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For additional information and questions, visit the ***TDLR website*** or reach Education and Examination Division via ***webform***. The webform will allow you to submit your request for assistance and include attachments needed.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the ***TDLR Public Information Act Policy***.

REQUIRED DOCUMENTS

- Application and Fee - $90.00 (All Fees are nonrefundable)
- Provide a course syllabus and/or course outline demonstrating the length of the education program which must include each required topic and credit as demonstrated in ***Chapter 75.124***. Clearly demonstrate the scheduled hours and credits for the classroom instruction under the supervision of a licensed ACR contractor or certified technician and practical experience in air conditioning and refrigeration-related work under the supervision of a licensed ACR contractor. At least 80% of the student's practical experience must be spent outside the classroom and working under the supervision of a licensed ACR contractor.
- Provide a list of resources and references for the course textbooks, and/or other materials used in the education program.
- Provide a sample transcript which will be provided to each participant who completes the education program which must include the following items:
    - Name of provider and approved education program
    - Completion date and credits
    - Printed name and signature of provider representative
    - Full name of participant

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APPLICATION FEE IS NON-REFUNDABLE

1. Program Provider Name:

2. Program Name: (if applicable)

3. Provider Phone Number:	**4. Provider Email Address:**

5. Provider Mailing Address:

Number, Street Name, Ste/Bldg or P.O. Box | City | State | Zip Code

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

Number, Street Name, Ste/Bldg | City | State | Zip Code

7. Program Contact Person and Email Address:

Education Program Contact Person | Education Program Contact Person Email Address

8. Type of Education Program Provider: ☐ Institution of Higher Education ☐ Private School

9. Education Program Supervising ACR Contractors or Certified Technician Instructor:

Name | License Number

Name | License Number

Name | License Number

Name | License Number

SUBMIT THE FOLLOWING REQUIRED DOCUMENTATION WITH THIS APPLICATION

☐ Provide a course syllabus and/or course outline demonstrating the length of the education program which must include each required topic and credit as demonstrated in ***Chapter 75.124***.
☐ Clearly demonstrate the amount of classroom instruction and practical experience in air conditioning and refrigeration-related work under the supervision of a licensed ACR contractor or certified technician (licensed after 09/01/2018).
☐ Provide a list of resources and references if applicable for the course material being used.
☐ Provide a sample of the transcript which will be provided to each participant who completes the education program.

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10. Place an X in each box for certification of Education Provider Responsibilities:

- ☐ Programs will not be offered until approved by the department.
- ☐ No later than ten days after the completion of the education program, each participant who completed the program will receive a transcript and the completion will be reported to the department as prescribed.
- ☐ All participant completions will be retained for a period of two years after completion of the education program.
- ☐ All advertisements used for the education program will not publish false or misleading information.
- ☐ Attendance and performance will be verified for each education program participant. Education programs will be administered in the same manner as represented in the application for approval.
- ☐ A current mailing address, phone number, email address and list of supervising ACR contractors or technicians will be maintained, and any changes will be provided to the department within seven days.
- ☐ In the event of an investigation of a complaint or performance of an audit, the education provider and employees will cooperate fully with the department.

I certify that I have read and will comply with all applicable provisions of the Texas Occupations Code, Chapter 51 and 1302; Texas Admin. Code, ACR Administrative Rules, 16 Texas Admin. Code, Chapter 75. I understand that providing false information on this application may result in the imposition of administrative penalties and the department may rescind or deny the approval of the certification education program.

_____
Signature of Provider and/or Training Supervisor

_____ _____
Printed Name Date