



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 TEMPORARY 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. Please use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

A TEMPORARY LICENSE IS VALID ONLY FOR 30 DAYS AND CANNOT BE RENEWED OR REISSUED.

A COMPLETED AIRCONDITIONING AND REFRIGERTION CONTRACTOR LICENSE APPLICATION MUST BE ATTACHED TO THE TEMPORARY CONTRACTOR LICENSE APPLICATION.

ATTACH A CERTIFICATE OF INSURANCE WITH YOUR APPLICATION AND FEE.

1. BUSINESS NAME – Write the name of your business.
2. NAME OF LICENSE HOLDER NO LONGER AVAILABLE - Write the name of the licensed air conditioning and refrigeration contractor who is no longer available at the business.
3. LICENSE NUMBER OF LICENSE HOLDER NO LONGER AVAILABLE - Write the air conditioning and refrigeration contractor license number of the license holder identified in item two.
4. DATE THE LICENSE HOLDER BECAME UNAVAILABLE – Write the date that the license holder became unavailable.
5. STATE THE REASON THE LICENSE HOLDER IS NO LONGER AVAILABE - Write the reason the license holder became unavailable.

Note: A company owner or partner, **whose only license holder is no longer available due to death or disability**, may request a temporary license. This person must meet the requirements for an air conditioning contractor license. They must provide 48 months (4 years) of practical experience in the preceding 72 months (6 years). This experience must be under supervision of a licensed air conditioning and refrigeration contractor. A completed Air Conditioning and Refrigeration Contractor License application must be attached to the Temporary Contractor License application. Attach a certificate of insurance with your application and fee.

6. NAME OF INDIVIDUAL REQUESTING TEMPORARY LICENSE - Write the name of the person requesting the temporary license.
7. POSITION IN COMPANY - Check the box of the position within the company held by the individual requesting the temporary license.
8. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.



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DO NOT WRITE ABOVE THIS LINE

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

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

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ATTACH A CERTIFICATE OF INSURANCE WITH YOUR APPLICATION AND FEE

1. Business Name: _____

2. Name of license holder no longer available: _____

3. License number of license holder no longer available: _____

4. Date the license holder became unavailable: _____

5. State the reason the license holder is no longer available: _____

6. Name of individual requesting temporary license: _____

7. Position in company:

Owner

Officer

Partner

Employee

8. STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Air Conditioning and Refrigeration Contractors Act; Texas Occupations Code, Chapter 51; Texas Administrative Code, Chapter 60; and the Air Conditioning and Refrigeration Contractors Administrative Rules, 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/or 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.

Date Signed

Signature of Applicant