



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

AIR CONDITIONING AND REFRIGERATION CONTRACTOR EXPERIENCE VERIFICATION FORM

This form should be completed by a person qualified to verify air conditioning and/or 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

- New Installation Replacement
- Air Handler Duct Work Refrigerant and Process Piping
- Chiller Evaporator System Sizing Calculations
- Cooling Coil Gas Furnace Troubleshooting
- Cooling Tower Ice Maker 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

Date Signed

Signature of the Verifying Person