



TEXAS DEPARTMENT OF LICENSING AND REGULATION
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 www.tdlr.texas.gov ● cs.air.conditioning@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: _____ Month/Day/Year Employment End Date: _____ 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"/> Duct Work | <input type="checkbox"/> Refrigerant and Process Piping |
| <input type="checkbox"/> Chiller | <input type="checkbox"/> Evaporator | <input type="checkbox"/> System Sizing Calculations |
| <input type="checkbox"/> Cooling Coil | <input type="checkbox"/> Gas Furnace | <input type="checkbox"/> Troubleshooting |
| <input type="checkbox"/> Cooling Tower | <input type="checkbox"/> Ice Maker | <input type="checkbox"/> Walk-in Coolers/Freezers |
| <input type="checkbox"/> Condenser | <input type="checkbox"/> Process Piping | |
| <input type="checkbox"/> Controls | <input type="checkbox"/> 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