



TEXAS DEPARTMENT OF LICENSING AND REGULATION  
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 www.tdlr.texas.gov • cs.air.conditioning@tdlr.texas.gov

**AIR CONDITIONING 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

- |                                           |                                      |                                                         |
|-------------------------------------------|--------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Replacement |                                                         |
| <input type="checkbox"/> Air Handler      | <input type="checkbox"/> Controls    | <input type="checkbox"/> Process Piping                 |
| <input type="checkbox"/> Chiller          | <input type="checkbox"/> Duct Work   | <input type="checkbox"/> Refrigerant and Drain Piping   |
| <input type="checkbox"/> Cooling Coil     | <input type="checkbox"/> Evaporator  | <input type="checkbox"/> Refrigerant and Process Piping |
| <input type="checkbox"/> Cooling Tower    | <input type="checkbox"/> Gas Furnace | <input type="checkbox"/> Troubleshooting                |
| <input type="checkbox"/> Condenser        | <input type="checkbox"/> Ice Makers  | <input type="checkbox"/> Walk-in Coolers/Freezers       |

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

\_\_\_\_\_  
Signature of the Verifying Person

\_\_\_\_\_  
Date Signed