

ACR Requirements Questionnaire

Mail ATTN:
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 ACR Program
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Name of City/Municipality _____

What code is your city on that is adopted by ordinance? IMC UMC

What edition of the IMC/UMC is adopted by ordinance? 2000 2003 2006 2009

Does city have local amendments to the IMC/UMC..... - Yes No

Does city require a Manual J load calculation on new construction or remodel Yes No Both

Does city ordinance require state ACR Contractor license?..... Yes No

Does city issue local ACR Contractor license(s)?..... Yes No If yes, list types _____

Does city require local registration for ACR CONTRACTORS LICENSE?..... Yes No Cost \$ _____

Does city require registration for Technicians? (beginning June 30, 2008)..... Yes No Cost \$ _____

Does city ordinance require ACR Contractor #s (i.e. TACL) on vehicles?..... Yes No

If no, explain requirements for vehicles _____

Additional Comments/Remarks:

(PLEASE PRINT)

Name _____ Date _____

Position/Title _____ Phone _____ E-mail _____

Address of Bldg Official / Mechanical Inspector _____ Zip Code _____