



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## AIR CONDITIONING AND REFRIGERATION CERTIFIED TECHNICIAN APPLICATION INSTRUCTIONS

This application may be used for a “certified” technician.

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DATE OF BIRTH – Write your birthdate. You must be at least 18 to be eligible for this license.
3. GENDER – Select whether you are male or female.
4. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
[www.texasattorneygeneral.gov/cs](http://www.texasattorneygeneral.gov/cs) or call (512) 460-6000 or (800) 252-8014.
5. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. PHYSICAL ADDRESS – Write the physical address (location) of your residence. Do not use a post office box for this address.
7. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS – Write your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
9. APPLICATION AND ELGIBILITY REQUIREMENTS -
  - A. **Experience** - Attach Experience Verification Form(s). This must indicate at least 24 months (2 years) of air conditioning and refrigeration-related work under the supervision of a licensed air conditioning and refrigeration contractor. This form must be completed by a person qualified to verify air conditioning and refrigeration experience for the applicant, and should **NOT** be completed by the applicant. Military experience may be combined with or used as part of the experience. If military experience is being used, attach to your application the complete military supplemental application and supporting documents showing you were trained in or performed air conditioning and refrigeration-related work as part of your military occupational specialty; or
  - B. **Certification Training Program:** Attach proof of completion of a department-accepted or approved Certification training program within the previous 48 months. To see a list of approved courses; see our webpage at: [www-test.tdlr.texas.gov/acr/acrcertcourses.htm](http://www-test.tdlr.texas.gov/acr/acrcertcourses.htm).
10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf).
11. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any mis demeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf).

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and pay a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm)

12. **STATEMENT OF APPLICANT** - Carefully read the statement before signing and dating your application.
13. **EXPERIENCE VERIFICATION FORM** - This form must be thoroughly completed by a person qualified to verify air conditioning and refrigeration experience for the applicant, and **NOT** be completed by the applicant.

**APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at:  
<http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at:  
<http://www.tdlr.texas.gov/military.htm>.

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via web form. The web form will allow you to submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help>. You may also reach us at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## AIR CONDITIONING AND REFRIGERATION CERTIFIED TECHNICIAN APPLICATION

**Do Not Write Above This Line**

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

**APPLICATION FEE: \$50 (FEES ARE NON-REFUNDABLE)**

**1. Name:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

**2. Date of Birth:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

**3. Gender:**

Male  Female

**4. Social Security Number:**

(See instruction sheet for disclosure information)

**5. Mailing Address:** (PO box can be used for this address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

**6. Physical Address:** (PO box cannot be used for this address)

Number, Street Name, Suite Number/Apartment Number

City State Zip Code

**7. Phone Number**

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

**8. Email Address**

Email address (ex: johndoe@aol.com) (See Instruction sheet for disclosure information)

**9. Application and Eligibility Requirements:**

**A. Experience:**

Attach Experience Verification Form(s). This must indicate at least 24 months (2 years) of air conditioning and refrigeration-related work under the supervision of a licensed air conditioning and refrigeration contractor. This form must be completed by a person qualified to verify air conditioning and refrigeration experience for the applicant, and should **NOT** be completed by the applicant.

Military experience may be combined with or used as part of the experience. If military experience is being used, attach to your application the complete military supplemental application and supporting documents showing you were trained in or performed air conditioning and refrigeration-related work as part of your military occupational specialty; or

**B. Certified Training Program:**

Attach proof of completion of a department-accepted or approved certification training program within the previous 48 months. To see a list of approved courses; see our webpage at: <https://www-test.tdlr.texas.gov/acr/acrcertcourses.htm>.

See the instruction sheet for more information

**10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?**

Yes  No

If YES, attach a Disciplinary Action Questionnaire to this application.

**This does not include your driver license**

**11. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?**

Yes  No

If YES, complete and attach a Criminal History Questionnaire for each offense.

**See instruction sheet for more information**

**12. STATEMENT OF APPLICANT**

I certify that I have read and will comply with all applicable provisions of the Air Conditioning and Refrigeration Contractor License Law, Texas Occupations Code, Chapter 1302; Texas Occupations Code, Chapter 51; 16 Texas Administrative Code, Chapter 60; and the Air Conditioning and Refrigeration Contractors Administrative Rules, 16 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 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

**15. AIR CONDITIONING AND REFRIGERATION CERTIFIED TECHNICIAN EXPERIENCE VERIFICATION**

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

Applicants Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**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 Makers
- Walk-in Coolers/Freezers
- Condenser
- Process Piping
- Controls
- Refrigerant and Drain Piping

Other (describe in full detail): \_\_\_\_\_  
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**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

\_\_\_\_\_  
License Number

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

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