**TEXAS DEPARTMENT OF LICENSING & REGULATION**
P.O. Box 12157 • Austin, Texas 78711-2157
*www.tdlr.texas.gov*

# AIR CONDITIONING AND REFRIGERATION TECHNICIAN APPLICATION INSTRUCTIONS

**This application may be used for a "registered" 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 – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffixinclude Jr., Sr., and III. (Mr. is not a suffix.)

2. DATE OF BIRTH – Provide your birthdate. You must be at least 16 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(1) of the Texas Family Code in order to obtain a license. If you do not have a Social Security Number, you must complete the Social ***Security Number Status Certification*** form. 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***.

5. MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.

6. PHYSICAL ADDRESS – Provide the physical address (location) of your residence. Do not use a post office box for this address.

7. PHONE NUMBER – Provide 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 – By providing my email address I authorize the Texas Department of Licensing and Regulation (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. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a ***Criminal History Questionnaire (PDF)*** for each offense.
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before you submit your application and pay non-refundable fees. To request a criminal history evaluation, submit a ***Criminal History Evaluation Letter (PDF)***, a completed ***Criminal History Questionnaire (PDF)*** for each crime you were convicted of, or placed on deferred adjudication for, and a $10.00 fee.

10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had a professional license, certification, or registration suspended, revoked, or denied in any state. If Yes, complete and attach a ***Disciplinary Action Questionnaire (PDF)*** for each disciplinary action.

11. STATEMENT OF APPLICANT – Carefully read the statement before signing and dating your application.

**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 (PDF)*** and attach it with your license application.

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 ***TDLR Military Information***.

**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 you check or money order. Do not send cash.

For additional information and questions, visit the ***TDLR website*** or reach Customer Service via ***webform.*** The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

**TDLR PUBLIC INFORMATION ACT POLICY:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the ***TDLR Public Information Act Policy***.

# TEXAS DEPARTMENT OF LICENSING & REGULATION

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## AIR CONDITIONING AND REFRIGERATION REGISTERED TECHNICIAN APPLICATION

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

**APPLICATION FEE: $20 (FEES ARE NON-REFUNDABLE)**

**1. Name:**

Last _____ First _____ Middle _____ Suffix (Jr., Sr., III) _____

**2. Date of Birth:** _____ MM/DD/YYYY

**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 + 4 _____

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

Number, Street Name, Suite Number/Apartment Number _____ City _____ State _____ Zip Code + 4 _____

**7. Phone Number**

(Area Code) Phone Number _____

**8. Email Address**

See Instruction sheet for disclosure information _____

**9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?**
If YES, complete and attach a Criminal History Questionnaire for each offense. ☐ **Yes** ☐ **No**

**See instruction sheet for more information**

**10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?**
If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.) ☐ **Yes** ☐ **No**

**11. STATEMENT OF APPLICANT**

I certify that I have read and will comply with all applicable provisions of the Air Conditioning and Refrigeration Contractors Act 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.

_____ Signature of Applicant

_____ Date Signed