



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

AIR CONDITIONING AND REFRIGERATION CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

This completed application is required prior to scheduling your Texas examination. If your application is approved, we will notify the exam provider (PSI) and they will send you instructions to proceed with scheduling your examination. The exam fee will be paid directly to PSI.

1. NAME – Provide 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. 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](#).
3. DATE OF BIRTH – Provide your birthdate. You must be at least 18 to be eligible for this license.
4. GENDER – Select whether you are male or female.
5. 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.
6. FAX NUMBER – Provide a fax number, including the area code, where you can receive faxes.
7. 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.
8. EMAIL ADDRESS – Provide your email address only if you agree to the following statement. 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 submitting your application and non-refundable fees. To request a criminal history evaluation submit a [Criminal History Evaluation Letter \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) form for each crime you were convicted of, or placed on deferred adjudication for, and pay a \$10.00 fee.
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 \(PDF\)](#) for each disciplinary action.
11. BUSINESS NAME – Provide the business name where you are or will be working.
12. FEDERAL ID NUMBER – Provide the federal ID number for the business you are working for or will be working for. Information about federal/employer ID numbers may be obtained on the [IRS website](#).
13. BUSINESS/EMPLOYER PHONE NUMBER – Provide the business phone number, including the area code, of your employer.
14. BUSINESS PHYSICAL LOCATION – Provide the physical location of the business you work for or will be working for.

15. **CLASS AND ENDORSEMENTS** – Check the license class and endorsement for which you are applying.

- **Class A Environmental Air Conditioning** endorsement entitles the license holder to engage in air conditioning contracting for environmental air conditioning in relation to a system, a product, or equipment of any size or capacity.
- **Class B Environmental Air Conditioning** endorsement entitles the license holder to engage in air conditioning contracting for environmental air conditioning in relation to a system, a product, or equipment of not more than: (1) 25 tons cooling capacity; or (2) 1.5 million British thermal units per hour output heating capacity.
- **Class A Commercial Refrigeration and Process Cooling or Heating** endorsement entitles the license holder to engage in refrigeration contracting for commercial refrigeration and process cooling or heating in relation to a system, a product, or equipment of any size or capacity.
- **Class B Commercial Refrigeration and Process Cooling or Heating** endorsement entitles the license holder to engage in refrigeration contracting for commercial refrigeration and process cooling or heating in relation to a system, a product, or equipment of not more than: (1) 25 tons cooling capacity; or (2) 1.5 million British thermal units per hour output heating capacity.

16. **EXPERIENCE ONLY** – Attach Experience Verification Form(s). This must indicate at least 48 months (4 years) of practical experience in the preceding 72 months (6 years). 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. Every 2,000 hours of on-the-job training in an apprenticeship program is equivalent to 12 months of practical experience.

Each of the following qualifies as practical experience for purposes of satisfying the 48-month requirement:

- having verified military service in which the person was trained in or performed air conditioning and refrigeration-related work as part of the person's military occupational specialty;
- performing air conditioning and refrigeration-related work while regularly employed by a regulated electric or gas utility;
- being a licensed engineer under Chapter 1001 who engages in air conditioning and refrigeration contracting work in connection with the business in which the person is employed but does not engage in that work for the public;
- being employed by an industrial operation, including a chemical plant, petrochemical plant, refinery, natural gas plant, or natural gas treating plant, and performing process cooling or heating work for the operation;
- performing air conditioning and refrigeration-related work while employed by a governmental entity.

Note: You must submit a Certificate of Insurance, which includes the license holder name and business name to the Department after you pass the examination.

17. **TECHNICIAN CERTIFICATION EXPERIENCE ONLY** – Attach Experience Verification Form(s). This must indicate at least 36 months (3 years) of practical experience in air conditioning and refrigeration-related work in the preceding 48 months (4 years) under the supervision of a licensed air conditioning and refrigeration contractor.

- In addition to the 36 months of experience, you must have held a technician certification issued by TDLR for the preceding 12 months. Write your Air Conditioning Technician Certification Number including the issuance and expiration dates in the spaces provided.
- Your Air Conditioning Technician Certification must be current in order to use this as experience toward your Air Conditioning Contractor experience and it should remain current until your Air Conditioning Contractor's license has been issued.

Note: You must submit a Certificate of Insurance, which includes the license holder name and business name to the Department after you pass the examination.

18. **EXPERIENCE AND EDUCATION** – If you want to substitute education for experience, attach a diploma, transcript or completion certificate from a certification program. The following are accepted:

- a completed four-year degree or diploma in **air conditioning engineering or technology, refrigeration engineering or technology, or mechanical engineering** (equivalent to 24 months of practical experience); or
- a completed two-year associate's degree, a two-year diploma, or a two year certification program primarily focused on air conditioning and refrigeration related work (equivalent to 12 months of practical experience); or
- a completed one-year certification program, or a program of a least two semesters, in air conditioning and refrigeration-related work (equivalent to six months of practical experience); and
- other completed applicable degrees, diplomas, or certifications will be reviewed on a case-by-case basis.

Note: You must submit a Certificate of Insurance, which includes the license holder name and business name to the Department after you pass the examination.

19. **RECIPROCITY** – If you are applying for a license by reciprocity, you must submit the following: completed application, license application fee, a letter of good standing from South Carolina or Georgia which also indicates you have taken and passed an exam to obtain the out of state license, a copy of your current out-of-state license, and a certificate of insurance.
Texas reciprocates with: [South Carolina](#) and [Georgia](#).
Further information may be obtained through our [Frequently Asked Questions](#) page.
20. **GOVERNMENT EMPLOYEES** – To use experience while employed by a governmental entity, attach documentation that provides verifiable proof of your relevant experience.
21. **STATEMENT OF APPLICANT** – Carefully read the statement before signing and dating your application.
22. **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. This form must match your employment history or it will not be accepted.

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.

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.

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 [TDLR website](#) or reach Customer Service via [webform](#) where you can submit your request for assistance and include attachments as needed. Customer Service can also be reached at (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).



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AIR CONDITIONING AND REFRIGERATION CONTRACTOR LICENSE APPLICATION

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

APPLICATION FEE: \$115 (FEE IS NON-REFUNDABLE)

1. Name:

Last

First

Middle

Suffix (Jr., Sr., III)

2. Social Security Number:

(See instruction sheet for disclosure information)

3. Date of Birth:

(MM/DD/YYYY)

4. Gender:

Male

Female

5. Phone Number:

(Area Code) Phone Number

6. Fax Number:

(Area Code) Phone Number

7. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (P.O. Box is allowed for this address.)

P.O. Box, Number, Street Name, Apartment Number

City

State

Zip Code + 4

8. Email Address:

(ex: johndoe@gmail.com) 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?

Yes

No

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

See 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.)

BUSINESS INFORMATION

Note: A person holding an air conditioning and refrigeration contractor license may assign that license to only one per-manent office of one air conditioning and refrigeration contracting company. You may leave this area blank if you are not sure where you will be working after you pass the examination.

11. Business Name: (limited to 40 characters due to space limitations)

12. Federal ID Number:

(Information about the Federal/Employer ID number can be found at www.irs.gov/businesses)

13. Business/Employer Phone Number:

(Area Code) Phone Number

14. Business Physical Location: (P.O. Box is not allowed for this address)

Number, Street Name, Suite/Apartment Number

City

State

Zip Code + 4

15. CLASS AND ENDORSEMENT

Class A Environmental Air Conditioning

Class B Environmental Air Conditioning

Class A Commercial Refrigeration/Process Cooling and Heating

Class B Commercial Refrigeration/Process Cooling and Heating

16. EXPERIENCE ONLY

If you are applying for this license by experience only:

Your employment history should indicate at least 48 months (4 years) of practical experience in air conditioning and refrigeration-related work in the preceding 72 months (6 years) under the supervision of a licensed air conditioning and refrigeration contractor.

Attach to your application: Experience Verification Form (make additional copies if needed)

NOTE: You must submit a Certificate of Insurance, which includes the license holder name and business name, to the Department after you pass the examination.

17. TECHNICIAN CERTIFICATION EXPERIENCE ONLY

If you are applying for this license by previously holding a technician certification only:

Your employment history should indicate at least 36 months (3 years) of practical experience in air conditioning and refrigeration-related work in the preceding 48 months (4 years) under the supervision of a licensed air conditioning and refrigeration contractor.

The Department will determine if you have held a Texas Technician Certification for the preceding 12 months.

Your Air Conditioning Technician Certification Number:

Issuance Date:

Expiration Date:

Attach to your application: Experience Verification Form (make additional copies if needed)

NOTE: Your Air Conditioning Technician Certificate must be current in order to use this as experience toward your Air Conditioning Contractor experience and it should remain current until your Air Conditioning Contractor's license has been issued.

You must submit a Certificate of Insurance, which includes the license holder name and business name, to the Department after you pass the examination.

18. EXPERIENCE & EDUCATION

If you are applying for this license by substituting education for a portion of experience:

Attach to your application:

- (a) a diploma, transcripts, or completion certificate
- (b) Experience Verification Form (make additional copies if needed)

NOTE: You must submit a Certificate of Insurance, which includes the license holder name and business name, to the Department after you pass the examination.

19. RECIPROCITY

If you are applying for this license through reciprocity: (Texas currently reciprocates with Georgia and South Carolina only)

- Attach to your application:
- (a) a letter of good standing from the reciprocating state;
 - (b) a copy of your current out-of-state license; and
 - (c) a completed certificate of insurance

20. GOVERNMENT EMPLOYEES

For government experience, attach to your application supporting documentation such as a job description that verifies relevant experience.

21. STATEMENT OF APPLICANT

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Signature of Applicant

Date Signed



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22. AIR CONDITIONING AND REFRIGERATION CONTRACTOR EXPERIENCE VERIFICATION FORM

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.

EMPLOYMENT INFORMATION

Business Name:

Employment Start Date:

(MM/DD/YYYY)

Employment End Date:

(MM/DD/YYYY)

Supervisor's Name:

Contractor's License Number:

Supervisor's Phone #:

EMPLOYMENT EXPERIENCE

CHECK ALL THAT APPLY

New Installation	Replacement	Refrigerant and Process Piping
Air Handler	Duct Work	System Sizing Calculations
Chiller	Evaporator	Troubleshooting
Cooling Coil	Gas Furnace	Walk-in Coolers/Freezers
Cooling Tower	Ice Makers	Refrigerant and Drain Piping
Condenser	Process Piping	Controls

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 Verifying Person

Date Signed



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**You must submit a
Certificate of
Insurance, which
includes the license
holder name and
business name to
the Department
after you pass the
examination.**



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AIR CONDITIONING AND REFRIGERATION CONTRACTOR CERTIFICATE OF INSURANCE

This certificate is issued to the Texas Department of Licensing and Regulation as a matter of information only and confers no rights upon the certificate holder. This Certificate of Insurance neither affirmatively or negatively amends, extends or alters the coverage afforded by the policy specified herein.

This certificate is used only to indicate general liability insurance coverage. The terms of the insurance policy control over the terms of the certificate of insurance.

Licensee Name and/or License Number:

Business Name/dba:

Business Phone Number:

(Area Code and Phone Number)

Email Address:

Business Address:

Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

Insurance Company:

Policy Number:

Binders or Declarations are not Accepted

Term Dates:

Effective (MM/DD/YYYY)

Expiration (MM/DD/YYYY)

Insurance Agency:

Name of Agent:

Agent Phone Number:

(Area Code and Phone Number)

Agency Address:

Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code

An Air Conditioning and Refrigeration Contractor License requires general liability coverage of at least:

Class B

- \$100,000 per occurrence (combined for property damage and bodily injury);
- \$100,000 aggregate for products and completed operations, and
- \$200,000 aggregate (total amount the policy will pay for property damage and bodily injury coverage).

Class A

- \$300,000 per occurrence (combined for property damage and bodily injury);
- \$300,000 aggregate for products and completed operations;
- \$600,000 aggregate (total amount the policy will pay for property damage and bodily injury coverage).

I certify that the licensee's insurance policy meets or exceeds the minimum requirements stated above.

Printed Name of Authorized Insurance Representative

Signature

Date

CERTIFICATE HOLDER ADDRESS:

TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. BOX 12157
AUSTIN, TX 78711-2871
PHONE: (512) 463-6599 • FAX: (512) 475-2871
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CANCELLATION

Should any of the above described policies be canceled or reduced, the insurance carrier shall endeavor to notify the Texas Department of Licensing and Regulation at least 30 days before the cancellation or non-renewal by the insurance carrier, and not more than 10 days after non-renewal or cancellation by the insured.