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

AIR CONDITIONING AND REFRIGERATION CONTRACTOR NOTICE OF CHANGE AND/OR DUPLICATE LICENSE REQUEST FORM INSTRUCTIONS

This form is used to make the following changes to your current license: making insurance changes, changing your personal name, business name and/or address, adding an endorsement to your license, and requesting a duplicate of your license.

1. NAME – Provide your name as it appears on your current license.

2. 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. 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***.
   If you do not have a Social Security Number, you must complete the ***Social Security Number Status Certification*** form. See additional information at ***Verification of Lawful Presence***.

3. DATE OF BIRTH – Provide your birthdate.

4. LICENSE NUMBER– Provide your complete license number as it appears on your license issued by TDLR.

5. REQUEST DUPLICATE LICENSE - Check this box if you want a duplicate license or a wall certificate. Include the $25 fee. Make your check or money order payable to TDLR.

6. CHANGE MY NAME - Provide your new legal name in the spaces provided. You must submit a copy of a government ID or the legal document approving or indicating your name change.

7. CHANGE MY MAILING ADDRESS - Provide your new mailing address in the spaces provided. 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. CHANGE MY PHONE NUMBER - Provide your new phone number, including the area code.

9. CHANGE MY EMAIL ADDRESS - Provide your new email address. Please provide your email address so the Department may email license information and required notices to you. Your email address is confidential pursuant to Texas Public Information Act, and the department will not share it with the public.

10. CHANGE MY BUSINESS NAME - Provide the new business name as it will appear on your license. A certificate of insurance with the new business name and your individual name must be included with this form. If there is more than one business name, an assumed name certificate is required. If your business is incorporated, contact the Texas Secretary of State's office for a certificate. If your business is not incorporated, contact your local county clerk's office. List the full assumed names or DBA's for this business on the certificate of liability insurance form. The certificate of insurance must match the new name.

11. FEDERAL ID NUMBER - Provide the Federal ID number **(issued by the IRS)** of the business you are assigned to. This number is different from the Texas Sales Tax Permit number.

12. BUSINESS PHONE NUMBER - Provide the phone number of your business, including the area code.

13. CHANGE MY BUSINESS PHYSICAL ADDRESS - Provide your new physical address in the spaces provided. This is the actual location of your business. This address cannot be a post office box.

14. ADD ENDORSEMENT TO EXISTING LICENSE - Check the class and endorsement(s) in which you seek licensure.

    NOTE: If you require a new class or endorsement, a new exam must be passed in order to obtain this license.

    - **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.

15. INSURANCE WAIVER CHANGES - Select either to add or remove an insurance waiver. A licensee who has received a waiver of insurance cannot perform or offer to perform air conditioning and refrigeration contracting under his license with the general public. **A supporting document is required that will contain a detailed explanation of the conditions under which the waiver is requested and be accompanied by a confirmation of employment by the current employer, when working under the license of another contractor as an employee.** Carefully read the statement regarding a waiver of insurance before signing the statement.
    If you want to add an insurance waiver to your license, no fee is required; unless you want a duplicate license that reads “no public contracting”. A $25 fee is required if you want to remove an insurance waiver.

16. STATEMENT OF LICENSEE - Carefully read the statement of licensee before you sign and date your request form.

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*** or reach Customer Service via ***webform*** where you can submit your request for assistance and include attachments needed or (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.

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AIR CONDITIONING AND REFRIGERATION CONTRACTOR
NOTICE OF CHANGE AND/OR DUPLICATE LICENSE REQUEST FORM

DO NOT WRITE ABOVE THIS LINE

This form is used to make changes to your current license and/or application.
Contact Information may also be changed *online*.

1. Name: (as it appears on your license)

Last _____ First _____ Middle _____ Suffix ____

2. Social Security Number: _____

See instruction sheet for disclosure information

3. Date of Birth: _____ MM/DD/YYYY

4. License Number: _____ License Number

DUPLICATE LICENSE REQUEST (FEE IS NON-REFUNDABLE)

5. ☐ **I am requesting a duplicate of my license ($25 fee required)**

☐ **I am requesting a wall certificate ($25 fee required)**

NAME CHANGE

6. Change My Name: (submit a copy of a government ID or legal document approving your name change)

Last _____ First _____ Middle _____ Suffix ____

CONTACT INFORMATION

7. Change My Mailing Address: (PO box can be used for this address)

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

8. Change My Phone Number: _____ (Area Code) Phone Number

9. Change My Email Address: _____ (Ex: johndoe@aol.com) See instruction sheet for disclosure information

BUSINESS INFORMATION

10. Change My Business Name: Update business name as it will appear on your license. **(Requires a $25 duplicate license fee)**

_____

No more than 40 characters (space limitations) **A certificate of insurance with the new business name and your individual name must be included with this form**

11. Federal ID Number: (issued by the IRS) _____

12. Business Phone Number: _____ (Area Code) Phone Number

13. Change My Business Physical Address: (PO box CANNOT be used for this address)

Number, Street Name, Suite Number	City	State	Zip Code

14. ADD ENDORSEMENT

A single $25 license fee is required if adding one or more new endorsements to an existing license

- ☐ Add Class A Environmental Air Conditioning endorsement
- ☐ Add Class B Environmental Air Conditioning endorsement
- ☐ Add Class A Commercial Refrigeration/Process Cooling and Heating
- ☐ Add Class B Commercial Refrigeration/Process Cooling and Heating

NOTE: PSI will send you a postcard when you are eligible for the new exam.

See the instruction sheet for more information

15. INSURANCE WAIVER CHANGES

- ☐ Add Insurance Waiver **(Supporting documentation is required. See instruction sheet.)**
- ☐ Remove Insurance Waiver **(Business name, physical address, phone number, federal ID number, and certificate of insurance are required)**

No fee is required if you are adding an insurance waiver; unless you want a duplicate license that reads “no public contracting”; however a $25 fee **is** required if you want to remove an insurance waiver.

Waiver of insurance: (see instruction sheet for more information)

I am requesting a waiver of insurance and will not perform or offer to perform air conditioning and refrigeration contracting under my license with the general public unless exempted under Subchapter B of the Air Conditioning and Refrigeration Contractor License Law. By signing this document, I request that a waiver of insurance be placed on my license. I am aware that my license is considered active and must be renewed.

_____ (Your license will read: NO PUBLIC CONTRACTING.)

License Holder Signature

16. STATEMENT OF LICENSEE

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 51; Texas Administrative Code, Chapter 60; and the Air Conditioning and Refrigeration Contractors Administrative Rules, 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/or 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