



# 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 TEMPORARY CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

**A TEMPORARY LICENSE IS VALID ONLY FOR 30 DAYS AND CANNOT BE RENEWED OR REISSUED.**

**A COMPLETED AIRCONDITIONING AND REFRIGERTION CONTRACTOR LICENSE APPLICATION MUST BE ATTACHED TO THE TEMPORARY CONTRACTOR LICENSE APPLICATION.**

**ATTACH A CERTIFICATE OF INSURANCE WITH YOUR APPLICATION AND FEE.**

1. BUSINESS NAME – Provide the name of your business.
2. NAME OF LICENSE HOLDER NO LONGER AVAILABLE - Provide the name of the licensed air conditioning and refrigeration contractor who is no longer available at the business.
3. LICENSE NUMBER OF LICENSE HOLDER NO LONGER AVAILABLE - Provide the air conditioning and refrigeration contractor license number of the license holder identified in item two.
4. DATE THE LICENSE HOLDER BECAME UNAVAILABLE – Provide the date that the license holder became unavailable.
5. STATE THE REASON THE LICENSE HOLDER IS NO LONGER AVAILABE - Provide the reason the license holder became unavailable.  
Note: A company owner or partner, **whose only license holder is no longer available due to death or disability**, may request a temporary license. This person must meet the requirements for an air conditioning contractor license. They must provide 48 months (4 years) of practical experience in the preceding 72 months (6 years). This experience must be under supervision of a licensed air conditioning and refrigeration contractor. A completed Air Conditioning and Refrigeration Contractor License application must be attached to the Temporary Contractor License application. Attach a certificate of insurance with your application and fee.
6. NAME OF INDIVIDUAL REQUESTING TEMPORARY LICENSE - Provide the name of the person requesting the temporary license.
7. POSITION IN COMPANY - Check the box of the position within the company held by the individual requesting the temporary license.
8. STATEMENT OF APPLICANT - Carefully read the statement before dating and signing your application.

### **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](http://www.tdlr.texas.gov) or reach Customer Service via [webform](http://www.tdlr.texas.gov) 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 (excluding holidays).



# 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 TEMPORARY CONTRACTOR LICENSE APPLICATION**

**DO NOT WRITE ABOVE THIS LINE**

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

**A TEMPORARY LICENSE IS VALID ONLY FOR 30 DAYS AND CANNOT BE RENEWED OR REISSUED**

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

**A COMPLETED AIR CONDITIONING AND REFRIGERATION CONTRACTOR LICENSE APPLICATION MUST BE  
ATTACHED TO THE TEMPORARY CONTRACTOR LICENSE APPLICATION**

**ATTACH A CERTIFICATE OF INSURANCE WITH YOUR APPLICATION AND FEE**

**1. Business Name:**

**2. Name of license holder no longer available:**

**3. License number of license holder no longer available:**

**4. Date the license holder became unavailable:**

**5. State the reason the license holder is no longer available:**

**6. Name of individual requesting temporary license:**

**7. Position in company:**

Owner

Officer

Partner

Employee

**8. 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 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



**TEXAS DEPARTMENT OF LICENSING & REGULATION**  
P.O. Box 12157 • Austin, Texas 78711-2157  
*[www.tdlr.texas.gov](http://www.tdlr.texas.gov)*

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



# 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 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

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

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

### 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.