



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

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