



Texas Department of Licensing and Regulation  
P.O. Box 12057 • Austin, Texas 78711-2057  
(800) 803-9202 • (512) 463-6599 • FAX (512) 463-1512  
www.tdlr.texas.gov • education@tdlr.texas.gov

## AIR CONDITIONING AND REFRIGERATION CERTIFICATION TRAINING PROGRAM APPLICATION INSTRUCTIONS

**AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED  
UNTIL ALL REQUIRED DOCUMENTATION IS PROVIDED**

### PLEASE NOTE:

- The application must be completed and signed by the applicant.
- All information provided must be typed or printed in **black ink**.
- The application must be submitted on 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.

1. **Training Program Provider Name:** Enter the official name of the training provider. This must be the name used in all advertisements.
2. **Training Program Name:** Enter the name of the training program (if applicable).
3. **Provider Phone Number:** Enter the telephone number, including the area code of the business listed.
4. **Provider Fax Number:** Enter the fax telephone number, including the area code of the business listed.
5. **Email Address:** By providing my email address I authorize TDLR to send 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.
6. **Mailing Address:** Enter the current mailing address. This is the address where TDLR will send mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. **Training Program Physical Address:** Enter the physical address where the training program will be offered. This is the address of the location where all records will be kept for auditing purposes. A post office box is **not** acceptable for the physical address.
8. **Training Program Contact Person and Email address:** Enter the name of the training program contact person who is employed by the training provider and responsible for administering the training program. Enter the email address of the contact person if different from the program provider email address.
9. **Type of Training Program Provider:** Check the box that indicates the type of program provider.
  - **Secondary School:** a school which offers technical or vocational courses to high school students.



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- **Institution of Higher Education:** as defined by Section 61.003, Education Code; any public technical institute, public junior college, public senior college or university, or public state college.
- **Apprenticeship Program:** an apprenticeship program accepted by the department which is a training program recognized by the Texas Workforce Commission or Texas Higher Education Coordinating Board; registered with the United States Department of Labor or a competency-based standardized craft training program that meets the standards of the United States Department of Labor Office of Apprenticeship.

**10. Training Program Supervising ACR Contractors:** Enter the name and license number for each ACR contractor who is supervising program participants. If you have more than two contractors supervising program participants, the names and license numbers may be provided on a separate sheet of paper.

#### **Required Documentation to Submit with the Application**

- Provide a course syllabus and/or course outline demonstrating the length of the training program which must include a total of at least 2,000 hours. Include a brief description of the topics and technical requirements which will be covered during the training program. Clearly demonstrate the hours for the classroom instruction and practical experience in air conditioning and refrigeration-related work under the supervision of a licensed ACR contractor to verify the program has a total of at least 2,000 hours.
- Provide a list of resources and references for the course textbooks, and/or other books, videos, and tapes. Provide copies of handouts or study materials used in the training program.
- Provide a sample of the certificate of completion which will be provided to each participant who completes the training program which must include the following items:
  - Name of provider and training program certification number which will be provided upon approval
  - Training Program completion date
  - Printed name and signature of provider representative
  - Full name of participant

#### **Certification of Training Provider Responsibilities**

- Place an X in each box for to certify you will comply with all Training Provider Responsibilities as defined in the Administrative Rules, 16 Texas Administrative Code, Chapter 75.

#### **Statement of Applicant**

Carefully read the statement before dating and signing your application.





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<b>10. Training Program Supervising ACR Contractors:</b>	
<b>NAME</b>	<b>License Number</b>
<b>NAME</b>	<b>License Number</b>
<b>SUBMIT THE FOLLOWING REQUIRED DOCUMENTATION WITH THIS APPLICATION</b>	

- Provide a course syllabus and/or course outline demonstrating the length of the training program which must include a total of at least 2,000 hours.
- Clearly demonstrate the amount of classroom instruction and practical experience in air conditioning and refrigeration-related work under the supervision of a licensed ACR contractor.
- Provide a list of resources and references for the course material being used including any handouts.
- Provide a sample of the certificate of completion which will be provided to each participant who completes the training program.

**Place an X in each box for certification of Training Provider Responsibilities.**

- Programs will not be offered until approved by the department.
- No later than ten days after the completion of the training program, each participant who completed the program will receive a certificate of completion and the completion will be reported to the department as prescribed.
- All participant completions will be retained for a period of two years after completion of the training program.
- All advertisements used for the training program will not publish false or misleading information.
- Attendance and performance will be verified for each training program participant. Training programs will be administered in the same manner as represented in the application for approval.
- A current mailing address, phone number, email address and list of supervising ACR contractors will be maintained and any changes will be provided to the department within seven days.
- In the event of an investigation of a complaint or performance of an audit, the training provider and employees will cooperate fully with the department.

**STATEMENT OF APPLICANT**

I certify that I have read and will comply with all applicable provisions of the Texas Occupations Code, Chapter 51 and 1302; Texas Admin. Code, ACR Administrative Rules, 16 Texas Admin. Code, Chapter 75. I understand that providing false information on this application may result in the imposition of administrative penalties and the department may rescind or deny the approval of the certification training program.

Printed Name

Signature of Owner and/or Training Manager

Date