



AIR CONDITIONING AND REFRIGERATION CONTRACTOR

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1302, TITLE 8

REQUEST FORM

This form allows you to request a duplicate license; make a revision to your current license or application; request a waiver of insurance; or add an endorsement to your current license.

Do Not Write in the Fee Area Immediately Below		
RECEIPT NUMBER	PMT. AMOUNT	MONEY TYPE
	\$25.00	

DO NOT WRITE ABOVE THIS LINE

All information must be typed or printed in black ink. Fees submitted with this application are not refundable.

Individual Name on License: _____ License Number: _____

E-mail address: _____ Social Security Number: _____

The Department will add your address to the Air Conditioning Contractors email notification list, which automatically provides information from the Department on matters affecting Air Conditioning and Refrigeration. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link:
<http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>.

Update my name: _____ (Attach legal documented proof of name change.)

_____ (Last) _____ (First) _____ (Middle Initial) _____ (Suffix (JR,SR))

- Choose one of the following options:**
- Update my license as I have indicated. (No charge if address change only.)
 - Reprint my license &/or add an endorsement to my application or to my existing license. (\$25.00 fee required.)

NOTE: If it has been more than one year since you've applied, and you have not yet been issued a license, you will need to file a new application with the Department.
If required, send one check in the amount of \$25.00 made payable to TDLR, along with this form to the address shown above. If the fee is not included, your file will be updated as you indicate below; however a new license will not be printed.

Update my Mailing Address : (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

Number, Street, Suite No., Apt. No. or P.O. Box

_____ (_____) _____

City State Zip Code Area Code Phone Number

FAX Number: (_____) _____

Area Code Phone Number

- Choose the Endorsement You Wish to Add to Your License:**
- 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

AIR CONDITIONING REQUEST FORM

Business Information

- Update Business Address**
- Update Business Name** (Note: A \$25 fee and a certificate of insurance with the new business name and your individual name must be included with this form.)
- Reprint License** (\$25 fee required.)

Update my Business Information: (Social Security Number may be used ONLY if you are a sole proprietor.)

Federal ID Number _____

Business Name as it will appear on your license. NOTE: No more than 40 characters (space limitations)

If there is more than one business name, an assumed name certificate is required. If the business is incorporated, contact the Secretary of State's office. If the business is not incorporated, contact your local county clerk's office. Assumed Names will NOT print on the actual license. They will be listed on the TDLR website.

Number, Street, Suite No., Apt. No. (Physical location)

City State Zip Code () Area Code Phone Number

Number, Street, Suite No., Apt. No. (Mailing address - P.O. Box is allowed for this address.)

City State Zip Code

- Add Insurance Waiver** (Supporting documentation is required.)
- Remove Insurance Waiver** (Business Name, Federal ID Number and Certificate of Insurance is required.)

Waiver of insurance (see NOTE below for further 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

NOTE: 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. (For further information see the Air Conditioning Administrative Rules, Section 75.40) (For further information see the Air Conditioning Administrative Rules, Section 75.40)

By signing this application I certify all information submitted on this and attached forms is true and accurate. I authorize TDLR to conduct any investigations of me which it deems prudent. I understand that the information revealed in an investigation may be cause for disapproval of the application even though other requirements for a license have been met.

_____ **Date Signed**

_____ **Signature of Applicant**

Additional documentation may be submitted with this form.