



P.O. Box 305025
Montgomery, Alabama
36130-5025

STATE OF ALABAMA
BOARD OF HEATING, AIR CONDITIONING &
REFRIGERATION CONTRACTORS

Phone: (334) 241-0840
Fax: (334) 265-0570
www.hacr.alabama.gov

SECTION A: BUSINESS INFORMATION

1. **Business Name:** _____

2. **Street Address:** _____

3. **Mailing Address:** _____

4. **Home Phone:** _____ **Work Phone:** _____ **Cell Phone:** _____

5. **Email:** _____

6. **Responsible in Charge:** _____

In order to fully process application please enclose the processing fee by check, credit card or money order made payable to "State of Alabama." Fees for Active contractors are \$165.00 annually and \$82.50 for inactive contractors annually. See Section D on form AL-1 to enter payment information.

I, the Responsible in Charge named herein, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.

RESPONSIBLE SIGNATURE: _____ **DATE:** _____

Continue to Section B

SECTION B: LIST OF CERTIFIED CONTRACTORS

**Please list all Alabama certified contractors and their license numbers.
New applicants will be issued a certification when application is filed:**

(1) _____ Certification # _____

(2) _____ Certification # _____

(3) _____ Certification # _____

I wish to inform you that the name listed above is a bona fide active heating and/or air conditioning organization as described on this information sheet and that all information hereby submitted is complete and accurate.

If a partnership, a partner sign here: _____

Date

If a corporation, president sign here: _____

Date

If an LLC, managing member sign here: _____

Date