



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

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

Phone: (334) 242-5550
Email: staff@hacr.alabama.gov
www.hacr.alabama.gov

VERIFICATION OF LICENSE AND STATEMENT OF GOOD STANDING

Reciprocity applicant completes Section A and sends to each in which you hold, or have ever held, a license. You may duplicate this form as needed.

SECTION A: IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

1. Name: _____
First MI Last

2. Address: _____
Street

_____ City State Zip Code

3. Home Phone: _____ 4. Home Phone: _____ 5. Cell Phone: _____

6. Licensing State: _____ 7. License Number _____

State Board office complete Section B and return to contractor or Alabama HACR Board at address above.

SECTION B: LICENSURE VERIFICATION

1. Name of Licensing Agency: _____

2. Address: _____
Street

_____ City State Zip Code

3. The above name applicant licensed to practice as a (formal license title) _____ in the State of

_____. 4. Applicant License Number: _____ 5. Original Issue Date: _____

6. Expiration Date: _____ 7. Exam Type (Block, PSI, Etc.): _____ 8. Exam Score: _____ Exam Date: _____

9. Has any disciplinary action been taken against this license, or are any unresolved disciplinary actions or complaints pending against this applicant? (Circle one) Yes or No

Signature of Agency Representative

Date

Name and Title (please print)

BOARD SEAL