

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

AFFIDAVIT OF UNDERSTANDING

| l,(Name) | , state on oath and affirm: |
|---|--|
| 1. I am of of | (Name of Company) |
| I am currently a licensed contractor under the laws of | (State) |
| I have been a licensed contractor for | years. |
| (Number of Years | s) |
| 2. I am seeking to be licensed as a heating and air condi- Alabama under its | tioning and/or refrigeration contractor in the State of |
| reciprocal agreement with(State) | I certify that I meet all requirement of the reciprocal agreement. |
| 3. Although I am not required to pass the Written Examin | nation before becoming licensed in Alabama, I recognize |
| that I am not exempted from the laws of the State. By e | xecuting this affidavit, I agree to comply with all laws, |
| rules, and regulations of the State of Alabama Board of H | Heating, Air Conditioning and Refrigeration Contractors. |
| State of | |
| County of | |
| Sworn before me this day | |
| of, 20 | |
| Notary Public | Signature of Affiant |
| Commission expires | |