



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

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

Phone: (334) 242-5550
Fax: (334) 242-5555
www.hacr.alabama.gov

AFFIDAVIT OF UNDERSTANDING

I, _____, state on oath and affirm:
(Name)

1. I am _____ of _____.
(Position) (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)

2. I am seeking to be licensed as a heating and air conditioning and/or refrigeration contractor in the State of Alabama under its reciprocal agreement with _____. I certify that I meet all requirement of the reciprocal agreement.
(State)

3. Although I am not required to pass the Written Examination before becoming licensed in Alabama, I recognize that I am not exempted from the laws of the State. By executing this affidavit, I agree to comply with all laws, rules, and regulations of the State of Alabama Board of Heating, Air Conditioning and Refrigeration Contractors.

State of _____

County of _____

Sworn before me this _____ day

of _____, 20__

Notary Public

Signature of Affiant

Commission expires _____