



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

SECTION A: BUSINESS INFORMATION

1. Business Name: _____

2. Address: _____

Street

City

County

State

Zip code

3. Mailing Address: _____

Street

City

County

State

Zip code

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 cashier's check, credit card or money order made payable to "State of Alabama." Fees for Active contractors are \$190.00 annually and \$95.00 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: _____

Be advised your application could be delayed if you use a 3rd party licensing organization. The Board cannot discuss your application information with anyone except the applicant. An affidavit from the processor is insufficient to discuss your licensing information.

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