

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

INSTRUCTOR APPLICATION

SECTION A: INSTRUCTOR INFORMATION

Instructor Requirements: (at least one of the following)

1. Found by the Board to have professional or trade experience or other special qualifications qualifying him/her to teach continuing education courses.

2. Display proven knowledge of the subject material.

3. A "qualified code enforcement official" with proven teaching experience.

Name of Instructor: _____

Instructor Phone Number: ______ Email Address: ______

A letter of recommendation from the provider and resume reflecting expertise within his/her area of specialty and prior teaching experience must be submitted with application.

SECTION B: PROVIDER AND COURSE INFORMATION

The provider must be approved. If the provider has not been approved by the Board, you must submit form CE-1 along with this application.

Name of Approved Provider: ______

Mailing Address:		
Maining Addiess.		

Course Title(s) Requesting Approval to Teach:

SECTION C: FEES

Please submit \$25.00 along with this application in order to be considered by the Board. Payments can be made					
by certified check, money order, or cred	lit card: Be advised there is a 4% convenience fee a	dded to all card transactions.			
The fee may show as an iGov charge.					
Card Number:	Expiration Date:	CVV2:			
Signature:	Date	:			

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