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



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

COURSE APPLICATION

Name of Provider:			
		SECTION B: COURSE INFORMATION (One C	ourse Per Course Application)
		Course Title:	
Instructor(s):(If instructor has no	t been previously Board approved please include form CE-2)		
Course Description and Syllabus (syllabus mu	ust be attached):		
CE Hours Requested (Courses must be a min	imum of 2 hours):		
Anticipated Outcome:			
Resource Material (Include multi-media equ	ipment or other instructional aids):		
Please circle a course type (you may choose	more than one):		
Electrical Manual J (Load Calculations) Du	uct Design Business Operations Finance/Business Management IAQ		
HVAC Theory Engineering Refrigerant C	commercial Refrigeration Theory OSHA/Job Safety ICC Codes Other		
(Describe):			
SECTION C: FEES			
cashiers check, money order, or credit card: The fee may show as an iGov charge.	ation to be considered by the Board. Payments can be made by Be advised there is a 4% convenience added to all card transactions.		
Card Number:			
Signature:	Date:		