Form CS-1

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

CHANGE OF STATUS FORM

CHANGE OF STATUS:

1. I want to (check one):

- TO RENEW MY STATUS FROM ACTIVE TO INACTIVE $95.00
- TO GO FROM ACTIVE TO INACTIVE IN CURRENT YEAR (NO FEE)
- FROM AN INACTIVE HVAC STATUS TO AN ACTIVE HVAC CONTRACTOR $95.00
- FROM AN INACTIVE REFRIGERATION STATUS TO ACTIVE REFRIGERATION CONTRACTOR $95.00
- FROM AN INACTIVE STATUS ON BOTH HVAC AND REFRIGERATION CERTIFICATIONS TO ACTIVE STATUS $190.00

***TO CHANGE TO ACTIVE STATUS CONTRACTORS MUST <u>SURRENDER CURRENT CARD</u> AND SUBMIT:**

- **Performance Bond (BF-1) in the Amount of $15,000 in the Business Name**
- **Corporation Documents or Certificate of Foreign Authority**
- **Business Information Form (AL-2)**

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.

SECTION A: IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

1. Name:_____
   Last First M.I.

2. Address:_____
   Street

   _____
   City County State Zip code

3. Home Phone: _____ Work Phone: _____

4. Email: _____

5. Certification Numbers: _____

6. Social Security Number: _____

SECTION B: DISCLOSURE

1. Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any felony including any offense for which you have received a pardon, in any jurisdiction in the past 12 months?

   ____Yes ____No If yes, please explain in the space provided below for Board review.

_____
_____
_____
_____

2. Signature of Applicant: _____

SECTION C: CITIZENSHIP

CITIZENSHIP This section to be completed in compliance with Ala. Code § 34-14A-7 and Ala. Code § 31-13-7.

I declare under penalty of perjury, under the laws of the State of Alabama that all statements contained in this application, and any accompanying documents, is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of my license or application.

This section must be completed by the individual responsible in charge or if the responsible in charge is an incorporation, limited Liability Company, or partnership by the responsible in charge.

1. Are you a citizen of the United States?

   ___Yes ___No If "yes," please read the declaration below, sign, and continue to section 2.
   If "no," see question 2 below.

PROVIDE PROOF OF CITIZENSHIP BY SUBMITTING ONE OF THE ITEMS LISTED ON ATTACHMENT

I hereby declare that I am a citizen of the United States of America and, I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

_____

Signature of Applicant Date

-OR-

2. If you are not a citizen of the United States, are you an alien who is lawfully present in the United States of America?

   ___ Yes ___ No If "yes," please read the declaration below and sign.

PROVIDE PROOF OF LAWFUL PRESENCE BY SUBMITTING ONE OF THE ITEMS LISTED ON ATTACHMENT

I hereby declare that I am an alien lawfully present in the United States of America.

I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

_____

Signature of Applicant Date

SECTION D: FEES AND PAYMENT

To Change from Inactive to Active please include $95.00 if you are not renewing your license, otherwise include $190.00.

THE BOARD NO LONGER ACCEPTS PERSONAL OR BUSINESS CHECKS. ALL PAYMENTS MUST BE MADE BY CREDIT CARD, CERTIFIED/CASHIERS CHECK or MONEY ORDER!

Credit Card Number:_____Expire Date: _____CVV2: _____

Be advised there is a 4% convenience added to all card transactions. The fee may show as an iGov charge.

_____

Card Holder Signature

DATE RECEIVED: CHECK NO: AMT: