



P.O. Box 305025  
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STATE OF ALABAMA  
BOARD OF HEATING, AIR CONDITIONING &  
REFRIGERATION CONTRACTORS

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

**REQUEST FOR RE-EXAMINATION**

**THIS FORM IS ONLY TO BE USED IN THE EVENT YOU HAVE FAILED AN EXAMINATION AND WISH TO RE-TEST**

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

1. Name: \_\_\_\_\_  
Last First M.I.

2. Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City County State Zip code

3. Home Phone: \_\_\_\_\_ 4. Work Phone: \_\_\_\_\_ 5. SSN: \_\_\_\_\_

6. Email: \_\_\_\_\_

7. Type of Examination you are applying for: \_\_\_\_\_ HVAC \_\_\_\_\_ Refrigeration

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: PAYMENT INFORMATION**

In order to re-test you must enclose payment in the amount of \$150.00.

**The board only accepts credit cards, money orders, or cashiers checks. All payments are non-refundable.**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

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

Cardholder Signature: \_\_\_\_\_

Date Received:

Check No.:

Amount: