



P.O. Box 305025
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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

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: