

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

PRACTICAL EXAMINATION APPLICATION

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

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	
s. Home Phone:	4. Work Phone:	5. SSN:		
i. Email:				
. Type of Examination yo	ou are applying for:HVAC _	Refrigeration		
ignature of Applicant:		Date:		
HE BOARD NO LONG	cal exam you must enclose paymen	R BUSINESS CHECKS. ALL PAY	MENTS MUST B	
Card Number:		Exp. Date:	CVV2:	
	nvenience fee will be added to all c	redit card transactions.		
Date Received:	Check No.:	An	Amount:	