

AFFIDAVIT OF EMPLOYMENT

SECTION A: APPLICANT INFORMATION: (Applicant completes this section and sends to each employer. You may duplicate the form as needed.)

1. Name: _____

Last	First	M.I.
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The above-named applicant has applied to the Alabama HACR Board for licensure. The applicant's licensed supervisor must complete and sign Section B, have it notarized and return it to Board at address above. For purposes of this affidavit, the following definitions apply:

- **Supervision - Control and oversight by a master licensee who is an owner or full-time employee of the entity providing services. A supervising HACR licensee is responsible and accountable for the work performed under the supervising master licensee's license.**
- **HACR services - The design, installation, construction, maintenance, service, repair, alteration, or modification of a product or of equipment including gas piping in heating and air conditioning, refrigeration, ventilation, or process cooling or heating systems.**
- **Refrigeration services - Refrigeration services include but are not limited to commercial refrigeration design, installation, construction, maintenance, service, repair, alteration, or modification of a product or of equipment including walk in coolers, reach in coolers, commercial refrigerators and freezers, etc.**

***Please note that commercial ice machines are exempt from licensing. Commercial range hoods are not subject to minimum standards set by this Board. For more information regarding range hoods please contact the Fire Marshall.**

SECTION B: EMPLOYER INFORMATION (to be filled out and signed by employer)

1. Supervisor's Name and Company Name: _____

2. License Type (check one): ☒ HVAC Contractor ☐ Refrigeration Contractor

3. License Number(s): _____ **Licensing State:** _____

4. Address:

Street

City

State

Zip code

5. **Work Phone:** _____ **Cell Phone:** _____

6. Email: _____

7. The applicant was under my supervision from: _____ to: _____

8. Applicant Job Title: _____

9. Job Duties: (List a DETAILED description of at least four job duties....use additional pages if necessary.)

1. _____

2. _____

3. _____

4. _____

I, the supervisor named herein, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.

SUPERVISOR'S SIGNATURE: _____ DATE: _____

County of _____)
_____) SS.
State of _____)

Sworn or affirmed before me a Notary Public this _____ day of _____, 20____.

My commission expires on _____.

Notary Public