



## GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

### Division of Conditioned Air Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966 - [www.sos.ga.gov](http://www.sos.ga.gov)

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### CONDITIONED AIR CONTRACTORS APPLICATION by EXAM

#### Initial License or Reinstatement for License Lapsed 3+ Years (exam required)

##### ••• INSTRUCTIONS AND GENERAL INFORMATION •••

*Applications will be administratively withdrawn if any deficiency items have not been submitted to the Board within 60 days of deficiency notification letter.*

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#### SECTION 1: PERSONAL INFORMATION

Complete all information including your preferred email address for communication with Board staff.

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#### SECTION 2: QUALIFYING LICENSEE REGISTRATION

You must indicate if you will be serving as a qualifying licensee for a conditioned air company.

Every company engaging in the business of conditioned air contracting in Georgia must have a qualifying licensee regularly connected with the business and engaged in the performance of such business. Review O.C.G.A. §43-14-8(h)-(j) and Board Rule 121-6-.01.

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#### SECTION 3: EXPERIENCE RECORD

--List your employer information beginning with your current employer.

--Include the following information: licensee name, license number, dates of employment, and a detailed description of your duties. Review the experience requirements under Board Rule 121-2-.03.

--If you are a Recently Discharged Veteran, review and complete the information on Section 3a of the application.

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#### SECTION 4: REFERENCES

--**Three (3) notarized original reference forms** from professionally licensed persons (architect, engineer, inspector, or licensed conditioned air contractor) who have knowledge of your conditioned air work experience are required.

--Copies of letters are not accepted. The Reference Forms must be properly signed and notarized.

--A cover letter is included in the application packet that may be provided to your reference along with the Reference Form.

--The Reference needs to mail the completed Reference Form directly to the Board. Make additional copies of the Reference Form as needed.

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#### SECTION 5: EDUCATION

As an examination applicant, you must:

- submit a copy of a certificate of a Board-approved heat loss and gain and duct design course from a board-approved provider, or
  - show completion of ACT107 on a school transcript from a Georgia vocational/technical school.
    - Diplomas or certificates from out-of-state schools will need to submit additional documentation that course requirements meet the board rule for heat loss and gain and duct design.
  - For Class 2 non-restricted applicants, also provide proof of having completed a board-approved course for Manuals N&Q or Carrier Design 1,2,3.
    - A list of board-approved course providers is included with this packet and on the board's website.
  - submit a copy of your EPA card showing Type II or higher certification.
  - submit only certificates showing you have completed a vocational/technical school program; or submit a copy of a diploma in Engineering Technology or a related electrical field.
  - submit a transcript if you have completed a diploma or certificate program through a Georgia vocational or technical school - Board Rule 121-2-.03(4).
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## SECTION 6: PERSONAL HISTORY, BACKGROUND, EPA CARD

Answer all questions. If a question is not applicable to your situation, write in "N/A."

Submit a copy of your EPA card for EPA Training (Type II or higher).

Submit a background check along with your application. A background check can be obtained through your local law enforcement office.

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## SECTION 7: APPLICANT AFFIDAVIT

*Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.*

**You are required** to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. See O.C.G.A. § 50-36-2 - [SVD Info Page](#)

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## LAW AND RULES

You should become familiar with the Laws and Rules related to Conditioned Air. This will help you maintain compliance and understand what is required of a licensed Conditioned Air Contractor. [Rules and Laws link](#). You are responsible for knowing the laws and rules for your profession.

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## VETERANS' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a copy of the DD-214 form. [Veteran and Service Member Information](#)

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## DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the *Request for Disability Accommodation Guidelines* form on the Board's website under Application/Form Downloads. [Accommodation Info and Form](#)

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## APPLICATION STATUS

Check the status of your application [HERE](#).

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## KEEP A COPY OF YOUR APPLICATION MATERIALS.

Keep a copy of what you send to us in case we ask you to resend a document or if we reach with questions. Please make sure we have your correct email address, as that is how the staff will communicate most of the time.

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## FEEES

**Initial License by Exam - \$40.00 (\$30.00 application fee + \$10.00 processing fee)**

**Reinstatement for License lapsed 3 or more years - \$160.00 (\$150.00 application fee + \$10 processing fee)**

Payment is accepted by check or money order, payable to Georgia Construction Industry Licensing Board. Fees are non-refundable.

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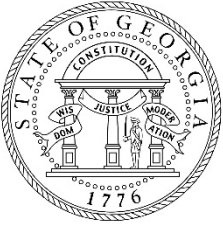
## DEADLINES

**IMPORTANT! Read the information below about how the exam registration process works!**

View the application and exam deadlines at [www.sos.ga.gov](http://www.sos.ga.gov). Application/Examination Process:

1. Prior to the Examination, you must have an application on file with the Board.
  - a. Complete the Application; submit the fee and all requested documents to the Board office.
  - b. If there is a deficiency with your application, you will receive an email from the board staff noting such.
  - c. Deficiencies will cause a longer application processing time.
2. When your application is complete, staff will present it to the Board for review.
  - a. You will be notified on the Board's decision regarding your eligibility to sit for the exam.
  - b. If it is YES, you are then eligible to sit for the exam; instructions will be provided to you separately on how to register for the exam, what to review, and so on.

- c. We use the testing vendor PSI/AMP for testing, so you will be communicating directly with them if you are approved to sit for the exam.
3. You will need to REGISTER with PSI/AMP. This creates an account in their system for you.
  - a. You will pay for the exam you wish to take.
  - b. You will select the WINDOW for testing (the date range for when the test will be given.)
  - c. You will choose the exact day and time that you prefer to test about 2 weeks prior to the first day of the testing window.
4. About 2 weeks before the testing window opens, you will receive an Admission Notice from PSI/AMP providing you more details about choosing your exact testing day, time, and location.
5. After you take the exam, PSI/AMP will provide the Board with the results of your test – Pass or Fail.
  - a. Applicants who pass should see a status change in their Pending Application on the Board’s website within 10 days of the date the Board receives the scores from PSI/AMP.
  - b. Applicants who fail the exam will receive information about how to register for another exam opportunity.



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LICENSING BOARD  
Division of Conditioned Air Contractors  
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Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

**CONDITIONED AIR CONTRACTORS**  
**Application for Initial Licensure by Examination or**  
**Reinstatement for License Lapsed 3+ years** (exam required)

**Initial App Fee \$30 + \$10 processing fee**  
**Reinstatement App Fee \$150 + \$10 processing fee**

*Do not send cash. Check, money order, certified or cashier's check accepted. Fees are non-refundable.*

*Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notice date.*

This application is for those who wish to obtain a license by the passing of an examination or are applying for Reinstatement for a License that has been lapsed 3 or more years. *Use a different application if you wish to apply for licensure by reciprocity.*

**Initial:** I am applying for  Class 1 Restricted  
this license type:  Class 2 Non-restricted

**Reinstatement:** I am  Class 1 Restricted CR# \_\_\_\_\_  
applying for Reinstatement  Class 2 Non-restricted CN# \_\_\_\_\_  
of this license:

**SECTION 1: PERSONAL INFORMATION**

1. Legal Name to Appear on License: \_\_\_\_\_  
FIRST, MIDDLE, LAST, SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST, MIDDLE, LAST, SUFFIX / MAIDEN

3. Social Security#:    -   -        
Date of Birth:   -   -      
M M D D Y Y Y Y

4. Physical Address: \_\_\_\_\_  
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET APT#  
\_\_\_\_\_  
CITY STATE ZIP

5. Mailing Address: \_\_\_\_\_  
(if different) NUMBER AND STREET OR P.O. BOX APT#  
\_\_\_\_\_  
CITY STATE ZIP

6. Daytime Phone#:    -        
Business or Cell Phone#:    -

7. Email Address: \_\_\_\_\_

- Check this box if you are a military spouse or a transitioning service member of the United States armed forces or National Guard. [Service Member Info Link](#)
- Check this box if you are requesting Veterans' Preference Points. Include a copy of your DD-214 with this application.

## SECTION 2: QUALIFYING LICENSEE REGISTRATION

Applicant Name: \_\_\_\_\_

- Every company engaging in the business of Conditioned Air contracting in Georgia must have a qualifying licensee regularly connected with the business and engaged in the performance of such business on a full-time basis.
- Please select your status below:

I will **NOT** serve as a qualifying licensee for a conditioned air company. *If NOT serving as QL, skip this section.*

**OR**

I will serve as a qualifying licensee for a conditioned air company.

I further understand that by serving as the qualifying licensee for a business entity that I am subject to the terms and conditions of [O.C.G.A. §43-14-8\(h\)-\(j\)](#) and [Board Rule 121-6-.01](#).

The company I am qualifying as licensee for is: (select one from below):

### SOLE PROPRIETORSHIP

Company Name: \_\_\_\_\_

Physical Address:  
(not a PO Box)

Mailing Address:  
(if different)

City, State, Zip:

City, State, Zip:

### LIMITED LIABILITY COMPANY OR CORPORATION

Company Name: \_\_\_\_\_

Physical Address:  
(not a PO Box)

Mailing Address:  
(if different)

City, State, Zip:

City, State, Zip:

### PARTNERSHIP OR LIMITED LIABILITY PARTNERSHIP

Company Name: \_\_\_\_\_

Physical Address:  
(not a PO Box)

Mailing Address:  
(if different)

City, State, Zip:

City, State, Zip:

**SECTION 3: EXPERIENCE RECORD** *For Recently Discharged Veterans, skip this page and go to Section 3a.*

**Applicant Name:** \_\_\_\_\_

- Include details of your duties and share as much of your various conditioned air related experience as possible. - Add more pages if needed. This is where you explain to the board why you are qualified to apply for this license.

- Applicants for **Class I (restricted)** license must show at least **four (4) years** of installation experience.
- Applicants for **Class II (non-restricted)** license must show at least **five (5) years** of experience installing systems exceeding 175,000 BTU of heating and 5 tons of cooling.
- Describe in detail the conditioned air work you performed, your duties, and degree of responsibility. See [Board Rule 121-2-.03](#) for a description of the experience requirements.

**SPECIFY WORK RELATING TO CONDITIONED AIR DUTIES – BEGIN WITH PRESENT EMPLOYMENT**

→ **Installation experience must total 4 or 5 years, depending on Class for which you are applying.**

Employer Name:	Supervisor Name:
Employer Address:	Supervisor’s Conditioned Air Contractor License#
City, State, Zip:	Supervisor’s Job Title:
Employer Phone#	Applicant’s Job Title:
Dates Employed      From:                      To: (mo/yr)                                      (mo/yr)	Approximate total number of hours per week the below conditioned air duties were performed:
Detailed Description of Conditioned Air Duties: see <a href="#">Board Rule 121-2-.03</a> for a description of the experience requirements. Be detailed; add another page if needed.	
Employer Name:	Supervisor Name:
Employer Address:	Supervisor’s Conditioned Air Contractor License#
City, State, Zip:	Supervisor’s Job Title:
Employer Phone#	Applicant’s Job Title:
Dates Employed      From:                      To: (mo/yr)                                      (mo/yr)	Approximate total number of hours per week the below conditioned air duties were performed:
Description of Conditioned Air Duties: see <a href="#">Board Rule 121-2-.03</a> for a description of the experience requirements. Be detailed. Add an additional page if needed.	

**SECTION 4: REFERENCES**

Applicant Name: \_\_\_\_\_

List **THREE (3)** persons (architect, engineer, inspector, or licensed conditioned air contractor) who have knowledge of your conditioned air experience. List their information below. These people will complete and submit the **Reference Form** included in this application packet.

1 -Name:	Telephone#
Address:	License Type: ___ Conditioned Air Contractor
City, State, Zip:	___ Engineer ___ Architect ___ Inspector
	Professional License#
2 -Name:	Telephone#
Address:	License Type: ___ Conditioned Air Contractor
City, State, Zip:	___ Engineer ___ Architect ___ Inspector
	Professional License#
3 -Name:	Telephone#
Address:	License Type: ___ Conditioned Air Contractor
City, State, Zip:	___ Engineer ___ Architect ___ Inspector
	Professional License#

**SECTION 5: EDUCATION and TRAINING**

1. Have you received a diploma in Engineering Technology or a certificate for completion of a vocational-technical school program? **If YES**, attach a copy of diploma or certificate.  YES  NO
2. Submit a copy of your EPA card for EPA Training (Type II or higher). **This is required.**
3. Submit a copy of your certificate or transcript for the required Heat Loss & Gain & gain and Duct Design course or ACT107 course.
4. Class 2 applicants only, submit a copy of your certificate or transcript for the required Manuals N&Q or Carrier Design 1,2,3 course.

**SECTION 6: PERSONAL HISTORY**

1. For Initial License Applicants only - Have you ever held a Conditioned Air Contractors' license in any state, including Georgia?  YES  NO **If YES**, type of license, license number, and name of State Board or Agency: \_\_\_\_\_
2. Has any licensing board or agency in Georgia or any other state ever:
  - a) Denied your issuance of licensure, renewal, or reinstatement?  YES  NO
  - b) Revoked, suspended, restricted, sanctioned, or probated your license?  YES  NO
  - c) Requested or accepted surrender of your license?  YES  NO
  - d) Reprimanded, fined, or disciplined you?  YES  NO

**If you answered YES to any part of question #2**, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

Name of State Board or Agency: \_\_\_\_\_

3. **Required:** Attach a copy of your criminal background check (preferred from local law enforcement).

- 4a. Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or other offense?     YES     NO
- 4b. Have you ever entered a plea of guilty, nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or other offense?     YES     NO

**If YES on Question 4a or 4b, you must submit the following:**

- a signed letter of explanation for each offense; and
- a certified copy of court documents showing arrest, dismissal, or final court disposition -conviction/sentencing documents with a judge's signature; and
- Probation / Parole - a statement on official letterhead from your probation/parole officer regarding your status or certified documents showing completion of any probation/parole.

**SECTION 7: APPLICANT AFFIDAVIT**

APPLICANT NAME: \_\_\_\_\_

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (**CHECK ONE**):

\_\_\_\_\_ I am a United States citizen.    **Submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**    [SVD Info Page](#)

**OR**

\_\_\_\_\_ I am not a United States citizen. I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**    [SVD Info Page](#)

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

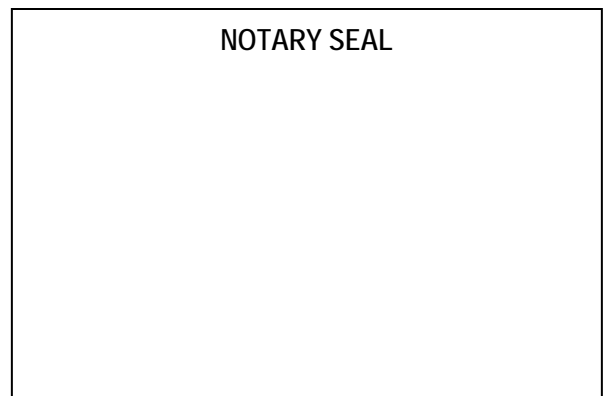
\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

My Commission Expires: \_\_\_\_\_







The Office of Secretary of State  
Professional Licensing Boards Division  
Construction Industry Licensing Boards Division

*Brad Reffensperger*  
SECRETARY OF STATE

*Gabriel Sterling*  
INTERIM DIVISION DIRECTOR

To Whom It May Concern:

The applicant (individual) named on the following form is applying for either an Initial Conditioned Air Contractor license or a Reinstatement of a lapsed Conditioned Air Contractor license in the state of Georgia. The applicant is required to furnish evidence of their ability, experience, and professional skills in the field by submitting references from three professional licensees attesting to his or her qualifications. They have listed you as a Reference on their application.

- References must be from a Registered Architect, Professional Engineer, City or County Inspector, or Licensed Conditioned Air Contractor.
- The person providing a reference must have worked directly with the applicant on conditioned air projects where the applicant was responsible for the installation, design, and the supervision of entire projects.
- Reference statements must be from personal knowledge, made with the full realization of the responsibility the applicant, should he or she be licensed, will have toward the public.
- The reference should not be made for the mere purpose of aiding the applicant in completion of the required application documents, and it is unlawful to make false statements regarding an applicant's experience.

In view of this responsibility, if you agree to complete the Reference Form for this applicant, you are asked to answer the questions on the Form truthfully, carefully, and completely. The information you furnish will be treated as confidential and will not be released without specific authorization by the Board. The Board requests that you not let the applicant see your answers or comments and that you do not otherwise communicate the results of your evaluation.

After completing the form, please sign it in front of a Notary Public and mail the original notarized form directly to the Board office: Conditioned Air Contractors Division, Reference Form, 237 Coliseum Drive, Macon, GA 31217.

Sincerely,

State Construction Industry Licensing Board  
Conditioned Air Contractors Division

237 Coliseum Drive • Macon, Georgia 31217 • 404-424-9966  
[www.sos.ga.gov](http://www.sos.ga.gov)



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Conditioned Air Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966, www.sos.ga.gov

REFERENCE #1 for:

Applicant Name: \_\_\_\_\_

Reference's Name (your name): \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax# \_\_\_\_\_

- 1. What is your profession? [ ] Architect - License# [ ] Inspector - Issuing Authority: [ ] Engineer - License# [ ] Conditioned Air Contractor - License#

2. How do you know the applicant and know of his/her experience and knowledge of conditioned air contracting? \_\_\_\_\_

3. Based on personal knowledge described above, does the applicant possess sufficient knowledge to: Residential Yes No Commercial Yes No I have no direct knowledge.

Table with 5 columns: Task, Residential Yes, Residential No, Commercial Yes, Commercial No, I have no direct knowledge. Rows include: Calculate heat loss and gain, Design duct systems, Install complete CA systems, Supervise installation of complete CA systems, Service CA systems, Make electrical connections to CA equipment.

4. From personal knowledge, list three (3) jobs for which the applicant was totally responsible from the plan development to system start up. List the job address, the type, and the size of conditioned air system for each.

Table with 3 columns: Job Address (list 3 jobs and addresses of each below), Type of System, Size of System. Rows 1), 2), 3).

5. Are you aware of anything that would reflect adversely on the applicant's integrity or general good character? [ ] YES [ ] NO

If YES, explain: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge and are not made for the purpose of aiding an unqualified applicant to become licensed but made with full realization of the responsibility the applicant, if licensed, would have to safeguard the life, health and property of the public.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

Reference's Signature

NOTARY PUBLIC SIGNATURE

NOTARY SEAL

My Commission Expires: \_\_\_\_\_



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**REFERENCE #2 for:**  
**Applicant Name:** \_\_\_\_\_

Reference's Name (your name): \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax# \_\_\_\_\_

1. What is your profession?  Architect - License# \_\_\_\_\_  Inspector - Issuing Authority: \_\_\_\_\_  
 Engineer - License# \_\_\_\_\_  Conditioned Air Contractor - License# \_\_\_\_\_

2. How do you know the applicant and know of his/her experience and knowledge of conditioned air contracting? \_\_\_\_\_

3. Based on personal knowledge described above, does the applicant possess sufficient knowledge to:

	Residential		Commercial		I have no direct knowledge.
	Yes	No	Yes	No	

Calculate heat loss and gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design duct systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install complete CA systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise installation of complete CA systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service CA systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make electrical connections to CA equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. From personal knowledge, list **three (3) jobs** for which the applicant was totally responsible from the plan development to system start up. List the job address, the type, and the size of conditioned air system for each.

	Job Address (list 3 jobs and addresses of each below)	Type of System	Size of System
1)			
2)			
3)			

5. Are you aware of anything that would reflect adversely on the applicant's integrity or general good character?  YES  NO

If YES, explain: \_\_\_\_\_

***I certify that the above statements are true and correct to the best of my knowledge and are not made for the purpose of aiding an unqualified applicant to become licensed but made with full realization of the responsibility the applicant, if licensed, would have to safeguard the life, health and property of the public.***

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Reference's Signature

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

**NOTARY SEAL**

My Commission Expires: \_\_\_\_\_



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**REFERENCE #3 for:**  
**Applicant Name:** \_\_\_\_\_

Reference's Name (your name): \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax# \_\_\_\_\_

1. What is your profession?  Architect - License# \_\_\_\_\_  Inspector - Issuing Authority: \_\_\_\_\_  
 Engineer - License# \_\_\_\_\_  Conditioned Air Contractor - License# \_\_\_\_\_

2. How do you know the applicant and know of his/her experience and knowledge of conditioned air contracting? \_\_\_\_\_

3. Based on personal knowledge described above, does the applicant possess sufficient knowledge to:

	Residential		Commercial		I have no direct knowledge.
	Yes	No	Yes	No	
Calculate heat loss and gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design duct systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install complete CA systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise installation of complete CA systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service CA systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make electrical connections to CA equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. From personal knowledge, list **three (3) jobs** for which the applicant was totally responsible from the plan development to system start up. List the job address, the type, and the size of conditioned air system for each.

	Job Address (list 3 jobs and addresses of each below)	Type of System	Size of System
1)			
2)			
3)			

5. Are you aware of anything that would reflect adversely on the applicant's integrity or general good character?  YES  NO  
 If YES, explain: \_\_\_\_\_

***I certify that the above statements are true and correct to the best of my knowledge and are not made for the purpose of aiding an unqualified applicant to become licensed but made with full realization of the responsibility the applicant, if licensed, would have to safeguard the life, health and property of the public.***

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Reference's Signature

\_\_\_\_\_  
 NOTARY PUBLIC SIGNATURE  
 My Commission Expires: \_\_\_\_\_

**NOTARY SEAL**