



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Conditioned Air Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov

CONDITIONED AIR CONTRACTORS RECIPROCITY APPLICATION ●●● INSTRUCTIONS AND GENERAL INFORMATION ●●●

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

SECTION 1: PERSONAL INFORMATION

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

Reciprocity (Board Rule 121-2-.05) - The Board approves the Unrestricted Conditioned Air Contractor Examinations given by Louisiana State Licensing Board for Contractors.

Effective April 15, 2022, Georgia will no longer accept Reciprocity Applications from South Carolina Contractor's Licensing Board (Commercial Only) or Texas Air Conditioning and Refrigeration Contractors Advisory Board until the review and updating of the Reciprocity Agreements is completed.

Letter of Verification is required. Submit with your application a letter of verification from the licensing board that administered the examination. The certification must include a state seal, notate that the applicant holds a current license and has passed the state examination.

These are NOT accepted as verification/certification: copies of your state license, wall certificate, or examination scores. You are welcome to send them to be included with your application record, but they will not suffice as the required Letter of Verification.

Other restrictions: If your Verification Letter states that you obtained your license by "grandfathering", "endorsement", or "conversion," you **cannot obtain a license in Georgia through Reciprocity**. You must submit an examination application. That application can be found here: [Conditioned Air EXAM](#)

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. Please review O.C.G.A. §43-14-8(h)-(j) and Board Rule 121-6-.01.

SECTION 3: EXPERIENCE RECORD

List your employer information beginning with your current employer. Include the licensee name, license number, dates of employment, and a brief description of your duties. Review the experience requirements under Board Rule 121-2-.03.

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 will mail the completed Reference Form directly to the Board.

-Make additional copies of the Reference Form as needed.

SECTION 5: PERSONAL HISTORY, BACKGROUND, EPA CARD

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

Applicants are required to submit a background check with their application. This can be obtained by going to your local law enforcement office or through a private background check agency.

Applicants are required to submit a copy of their EPA card showing Type II or higher certification.

SECTION 6: 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.

Applicants 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.*

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. [View Laws and Rules](#)

APPLICATION STATUS

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

KEEP A COPY OF YOUR APPLICATION MATERIALS.

Keep a copy for yourself of what you send to us in case there is a need to resend a page or if we have specific questions. Please make sure we have your correct email address, as that is the most common way staff will communicate with you.

FEES

Include your **\$40.00 fee (\$30 app fee + \$10 processing fee)** with this application. Payment is accepted by check or money order, payable to Georgia Construction Industry Licensing Board. Do not send cash. Fees are non-refundable.



GEORGIA CONSTRUCTION INDUSTRY
 LICENSING BOARD
 Division of Conditioned Air Contractors
 237 Coliseum Drive, Macon, GA 31217-3858
 404-424-9966
www.sos.ga.gov

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

CONDITIONED AIR CONTRACTORS
Application for Licensure by Reciprocity

Fee: \$40 (\$30 app fee + \$10 processing fee)

Do not send cash. Checks, Money Orders, Certified or Cashier's Checks are accepted. Fees are non-refundable.

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

This application is for application for CLASS 2 NON-RESTRICTED applying by RECIPROCITY.*

If you wish to apply by Exam or for Reinstatement, [Click Here](#) to download the proper application.

*** Georgia currently reciprocates with Louisiana. Other state reciprocal agreements are under review for revision.**

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: _____

8. Check this box if you are a military spouse or a transitioning service member of the United States armed forces or the National Guard.

9. I am applying by Reciprocity based on obtaining licensure by examination in Louisiana.
 Louisiana License # _____

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.
- Indicate below if you will serve as a qualifying licensee for a company:

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

OR

I am serving 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 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

Applicant Name: _____

- 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 briefly, but concisely, 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.
- Make additional copies of this page as needed for additional employers.

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

----> Years of experience must total 4 or 5 depending on the Class for which you are applying.
 Provide details of your duties, work performed, and the varied experience gained during employment.
 This information is critical in the Board's evaluation of your qualified experience.

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 Board Rule 121-2-.03 for a description of the experience requirements.	
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 Board Rule 121-2-.03 for a description of the experience requirements.	

SECTION 4: REFERENCES

Applicant Name: _____

You must name **THREE (3)** professionally licensed persons (architect, engineer, inspector, or licensed conditioned air contractor) who have knowledge of your conditioned air experience. List their information below. These people will submit the Reference Form to the Board.

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: PERSONAL HISTORY and TRAINING

- EPA Training (Type II or higher) is required. Include a copy of your EPA card with your application.
- Type of Conditioned Air license you have held or currently hold, license number, and state board or agency that issued the license: Type of license: _____, License #: _____, State Board or Agency: _____
- Has any licensing board or agency in Georgia or any other state ever:
 - Denied your issuance of licensure, renewal, or reinstatement? YES NO
 - Revoked, suspended, restricted, sanctioned, or probated your license? YES NO
 - Requested or accepted surrender of your license? YES NO
 - Reprimanded, fined, or disciplined you? YES NO

If you answered YES to any question in #3, 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: _____

- Attach a copy of your criminal background check (preferred from local law enforcement).
- Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any offense other than a minor traffic violation? YES NO
- Have you ever entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any offense other than a minor traffic violation? YES NO

If you answered YES to 5a or 5b, you must submit the following:

- A letter of explanation for each offense; and
- certified** copy of final court disposition from the county(s) in which you were arrested/convicted; and
- each court document should include the charges and sentencing information.
- if on Probation/Parole - submit a statement (on official letterhead) from your probation / parole office regarding your current status. If probation/parole has been completed, submit **certified** documents from the courts verifying case closed and completion of probation / parole.

SECTION 6: 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.

(Select 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 - [Secure And Verifiable Documents | Licensing \(ga.gov\)](#).

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.**

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: _____

O.C.G.A. §45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL



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 a Conditioned Air Contractor license by Reciprocity in the state of Georgia and is required to furnish evidence of his or her ability, experience, and professional skills in the field by submitting references from three professional licensees attesting to his or her qualifications. You have been listed as a Reference on their application.

Only references from a Registered Architect, Professional Engineer, City or County Inspector, or Licensed Conditioned Air Contractor are accepted by the Board. The individual 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 protection of the public. The reference should not be made for the mere purpose of aiding the applicant in completion of the requirement application documents, as it is unlawful to make false statements regarding an applicant's experience.

In view of this responsibility, the Division asks that you answer the questions on the Reference 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.

Complete the Reference Form, 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



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 (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: _____

Note: By signing and submitting this form to the Board, you are stating that you know this applicant and have personal knowledge of their experience. If this is not the case, do not sign this form, and inform the applicant to request a reference from someone else.

⇒ 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



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
Division of Conditioned Air Contractors

237 Coliseum Drive, Macon, GA 31217
 404-424-9966 - www.sos.ga.gov

REFERENCE #2 for:

Applicant Name: _____

Reference's (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: _____

Note: By signing and submitting this form to the Board, you are stating that you know this applicant and have personal knowledge of their experience. If this is not the case, do not sign this form, and inform the applicant to request a reference from someone else.

⇒ 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



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
Division of Conditioned Air Contractors

237 Coliseum Drive, Macon, GA 31217
404-424-9966 - www.sos.ga.gov

REFERENCE #3 for:
Applicant Name: _____

Reference's (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? _____

Table with 6 rows and 6 columns. 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: _____

Note: By signing and submitting this form to the Board, you are stating that you know this applicant and have personal knowledge of their experience. If this is not the case, do not sign this form, and inform the applicant to request a reference from someone else.

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