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Applications will be administratively withdrawn if any deficiency items have not been submitted to the Board within 60 days of deficiency notification letter.

SECTION 1: PERSONAL INFORMATION
Complete all information including your preferred email address for communication with Board staff.

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.

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.

SECTION 4: REFERENCES
--Three (3) notarized original reference forms from professionally licensed persons (architect, engineer, inspector, or licensed conditioned air contractor) who know 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.

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).

SECTION 6: PERSONAL HISTORY, BACKGROUND, EPA CARD

- Answer all questions. If a question does not apply 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.

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

Become familiar with the Laws and Rules related to Conditioned Air Contracting. This will help you understand and maintain compliance with the laws and rules of your profession. Rules and Laws link.

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.

KEEP A COPY OF YOUR APPLICATION MATERIALS.

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

FEES

Initial License by Exam - $40 ($30 application fee + $10 processing fee)
Reinstatement for License lapsed 3 or more years - $160 ($150 application fee + $10 processing fee)
Payment is accepted by check or money order, payable to Georgia Construction Industry Licensing Board. Fees are non-refundable.

EXAM

Exams are offered on a continuous basis. You must have board approval to sit for the exam.

1. 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. You will be notified by email if there are deficiencies with your application.
   c. Deficiencies will cause a longer application processing time, so make every effort to fully complete the application and submit all requested documents.
2. When your application is complete, staff will present it to the Board for review.
   a.You will be notified of the Board's decision regarding your eligibility to sit for the exam.
   b. PSI/AMP is the testing vendor. We will notify PSI when you have been approved to sit for the exam, and they, in turn, will contact you via email with information on registration, exam payment, and date/time selection for the exam.

GEORGIA CONSTRUCTION INDUSTRY
LICENSING BOARD
Division of Conditioned Air Contractors
237 Coliseum Drive, Macon, GA 31217
404-424-9966
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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 Application - $40 ($30 application fee + $10 processing fee)
Reinstatement Application - $160 ($150 application fee + $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.

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

Reinstatement: I am applying for Reinstatement of this license: ☐ Class 1 Restricted CR#_____ ☐ Class 2 Non-restricted CN#_____

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 Veteran's 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. **You can include more than 2 employers if it will help demonstrate your experience to the Board. Attach an additional page with that information.**

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: (mo/yr) To: (mo/yr)	Approximately how many hours per week did you perform the work described below?
Detailed Description of Conditioned Air Duties: *see **Board Rule 121-2-.03** for a description of the experience requirements. Be detailed; you can add more pages if needed to note your duties.*	

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: (mo/yr) To: (mo/yr)	Approximately how many hours per week did you perform the work described below?
*Description of Conditioned Air Duties: see **Board Rule 121-2-.03** for a description of the experience requirements. Be detailed; you can add more pages if needed to note your duties.*	

SECTION 4: REFERENCES

Applicant Name: _____

List **THREE (3)** persons (architect, engineer, inspector, or licensed conditioned air contractor) who have worked directly with you on conditioned air projects and can attest to your 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**, submit a copy of your 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. **___ I have included a copy of my background check obtained through 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:

- o a signed letter of explanation for each offense; and
- o a certified copy of court documents showing arrest, dismissal, or final court disposition - conviction/sentencing documents with a judge's signature; and
- o 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: _____

NOTARY SEAL

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

Brad Raffensperger
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 supervision of the entire project.
- 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 meeting the requirements for licensure, as it is unlawful to falsify application information.

Given 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 allow the applicant view your answers or comments and that you do not otherwise communicate the results of your evaluation.

After completing the form, please sign it in the presence of a Notary Public and either mail the original notarized form directly to the Board office: Conditioned Air Contractors Division, Reference Form, 237 Coliseum Drive, Macon, GA 31217, or you may give the form, sealed in an envelope, to the applicant to send in with their application.

Sincerely,

State Construction Industry Licensing Board
Conditioned Air Contractors Division

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 the 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	☐	☐	☐	☐	☐
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.

	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 to aid an unqualified applicant to become licensed. My evaluation is 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 the personal knowledge described above, does the applicant possess sufficient knowledge to:

	Residential		Commercial		I have no direct
	Yes	No	Yes	No	knowledge.
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 fully responsible from the plan development to the 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 to aid an unqualified applicant to become licensed. My evaluation is 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: _____

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 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 the 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	☐	☐	☐	☐	☐
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.

	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 to aid an unqualified applicant to become licensed. My evaluation is 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: _____

Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize_____to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check ONLY one of the boxes listed below:

☐ This authorization is valid for_____days from date of signature.

☐ I,_____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____

Signature Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry:_____Time of Inquiry:_____Operator's Initials: _____

Purpose Code Used: (check one)

	NON-CRIMINAL JUSTICE PURPOSES
	E - Employment
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children
	P - Public Records (no consent required)
	F – Probate Court / Weapons Carry License
	PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)
	U - Personal Copy
	CRIMINAL JUSTICE
	J - Civilian Criminal Justice Employment (State & III Info Received)
	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date:_____