State of Alabama
Board of Heating & Air Conditioning Contractors
100 N. Union St., Suite 630
Montgomery, AL 36130
(334) 242-5550 Toll Free (866) 855-1912
Fax: (334) 353-7050
www.hvac.alabama.gov

Request for Verification of License

I. Complete the top portion of this request. Mail to the state in which you now hold a license for completion of Part II.

Contractor Name _____ SSN _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

I am requesting licensure in the State of Alabama. Please verify my licensure status in your state.

_____
Signature of Applicant

Verification Of License

II. To Verifying State: Please furnish the requested information and sign. Return the document to the applicant to be included in with the application to State of Alabama.

Contractor Name _____ Company Name _____

License Number _____ Current Status _____

Date License First Issued _____ Expiration Date _____

Classifications Held _____

Licensed By: _____ Exam (Name of Qualifying Party) _____

Type of Exam Taken_____ Score_____ Date_____

Disciplinary Action _____Yes _____No If yes Explain: _____

Education Required for Licensure _____

_____
Signature Title Agency