



STATE OF ALABAMA
**BOARD OF HEATING, AIR CONDITIONING
 AND REFRIGERATION CONTRACTORS**

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 GOVERNOR

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Kathy S. LeCroix
 EXECUTIVE DIRECTOR

2011 ACTIVE REFRIGERATION APPLICATION

(Use this application to become Active Responsible in Charge for the first time OR to move from an Inactive status to Active Responsible in Charge for a business)

Refrigeration Lic. # _____

Business Name _____ Tax ID Number _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Physical Location _____

Business Phone _____ Cell Phone _____ Fax Number _____

This business is conducted in the following manner: *(circle one)* Individual Partnership LLC Corporation

NAME OF RESPONSIBLE IN CHARGE _____ SSN _____

The following individual(s) is regularly employed or is the sole owner of this organization and is the RESPONSIBLE IN CHARGE as defined in Code of Alabama 1975, Section 34-31-18 to 34 et. Seq. (Act 2009-486)

Responsible in charge, sign here: _____ Date: _____

Home Address _____ City _____ State _____ Zip _____

If this person holds an HVAC certification enter certification number here: _____

PLEASE BE ADVISED THAT REFRIGERATION CERTIFICATIONS ARE ISSUED TO THE BUSINESS NOT THE INDIVIDUAL. (In order to change businesses an individual contractor must reapply AND the old refrigeration business must submit a Change of Responsible in Charge form along with this form to certify a new contractor)

**STOP: INCLUDE PROPER DOCUMENTATION IF APPLYING UNDER
 GRANDFATHERING PROVISION**

LICENSE FEE: \$165.00

If you wish to pay by **Visa or Mastercard**, please enter the credit card information below:

Card Number _____ Expiration Date: _____

Signature of Card Holder: _____

Check # _____ Amount _____