STATE OF ALABAMA
BOARD OF HEATING, AIR CONDITIONING
AND REFRIGERATION CONTRACTORS
P.O. Box 305025
Montgomery, Alabama 36130-5025
(334) 241-0840

Robert Bentley
GOVERNOR

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Kathy S. LeCroix
EXECUTIVE DIRECTOR

HVAC CONTRACTOR INFORMATION

Name _____ SSN _____ Certification # _____

Mailing Address _____

City _____ County_____ State_____ Zip Code_____

Home Phone _____ Work Phone _____ Cell Phone _____

Business Name _____

CITIZENSHIP *This section to be completed in compliance with Ala. Code § 34-14A-7 and Ala. Code § 31-13-7.*

PROVIDE PROOF BY SUBMITTING ONE OF THE ITEMS LISTED ON ATTACHMENT

This section must be completed by the individual responsible in charge or if the responsible in charge is an incorporation, limited liability company, or partnership by the responsible in charge.

1. Are you a citizen of the United States?
   ___ Yes ____No If "yes," please read the declaration below, sign, and continue to section 2.
   If "no," see question 2 below.

I hereby declare that I am a citizen of the United States of America and,
I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.
I hereby declare that all information submitted is complete, true, and correct in accordance with the Code of Alabama 1975 §34-31-18 et seq.

_____Date_____

Signature of Responsible in Charge

2. If you are not a citizen of the United States, are you an alien who is lawfully present in the United States of America?

____ Yes ____ No If "yes," please read the declaration below, sign, and continue to section 2.

I hereby declare that I am an alien lawfully present in the United States of America.
I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

_____Date_____
Signature of Responsible in charge

ACTIVE FEE: $165.00 INACTIVE FEE: $82.50

To pay by Credit Card, enter card information: ◯ Master Card ◯ Visa

Card Number: _____

Expire Date: _____

_____
Signature (*Required)* Date:

Date Received: Check # _____

Amount: _____