



P.O. Box 305025  
Montgomery, Alabama  
36130-5025

STATE OF ALABAMA  
BOARD OF HEATING, AIR CONDITIONING &  
REFRIGERATION CONTRACTORS

Phone: (334) 241-0840  
Fax: (334) 265-0570  
www.hacr.alabama.gov

**VERIFICATION OF LICENSE AND STATEMENT OF GOOD STANDING**

Reciprocity applicant completes Section A and sends to each in which you hold, or have ever held, a license. You may duplicate this form as needed.

**SECTION A: IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.**

- 1. Name: \_\_\_\_\_  

First	MI	Last
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- 2. Address: \_\_\_\_\_  

Street		
_____		
City	State	Zip Code
- 3. Home Phone: \_\_\_\_\_ 4. Home Phone: \_\_\_\_\_ 5. Cell Phone: \_\_\_\_\_
- 6. Licensing State: \_\_\_\_\_ 7. License Number \_\_\_\_\_

State Board office complete Section B and return to contractor or Alabama HACR Board at address above.

**SECTION B: LICENSURE VERIFICATION**

- 1. Name of Licensing Agency: \_\_\_\_\_
- 2. Address: \_\_\_\_\_  

Street		
_____		
City	State	Zip Code
- 3. The above name applicant licensed to practice as a (formal license title) \_\_\_\_\_ in the State of \_\_\_\_\_.
- 4. Applicant License Number: \_\_\_\_\_ 5. Original Issue Date: \_\_\_\_\_
- 6. Expiration Date: \_\_\_\_\_ 7. Exam Type (Block, PSI, Etc.): \_\_\_\_\_ 8. Exam Score: \_\_\_\_\_ Exam Date: \_\_\_\_\_
- 9. Has any disciplinary action been taken against this license, or are any unresolved disciplinary actions or complaints pending against this applicant? (Circle one) Yes or No

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (please print)

BOARD SEAL