

**TEXAS AIR CONDITIONING CONTRACTORS LICENSE APPLICATION ATTACHMENT:
EXPERIENCE VERIFICATION FORM**

This form should be completed by a person qualified to verify air conditioning and refrigeration experience for the applicant. This form SHOULD NOT be completed by the applicant.

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER: _____

NAME OF BUSINESS WHERE EXPERIENCE WAS ACQUIRED: _____

NAME OF PERSON VERIFYING EXPERIENCE: _____ TELEPHONE: (____) _____

☐ YES ☐ NO Are you a licensed Air Conditioning and Refrigeration Contractor?

If so, what is your license number ? _____

WAS APPLICANT: ☐ AN EMPLOYEE ☐ A SUBCONTRACTOR

WHAT WAS OR IS YOUR RELATIONSHIP TO THE APPLICANT?

☐ Employer ☐ Supervisor ☐ Co-worker ☐ Other _____

FIRST DATE OF APPLICANT'S EMPLOYMENT: _____

LAST DATE OF APPLICANT'S EMPLOYMENT: _____

EMPLOYMENT OR SUBCONTRACTOR STATUS: ☐ FULL TIME ☐ PART TIME

_____ # OF HOURS WORKED EACH WEEK

DESCRIBE IN SPECIFIC DETAIL THE AIR CONDITIONING AND REFRIGERATION JOB DUTIES PERFORMED BY THE APPLICANT.
THE JOB DESCRIPTION MUST SPECIFY PRACTICAL EXPERIENCE WITH THE TOOLS OF THE TRADE.

BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature

TDLR 034 ACR 12/10

Date

THIS FORM MAY BE DUPLICATED AS NECESSARY