GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD
DIVISION OF CONDITIONED AIR CONTRACTORS
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440 [Telephone] (866) 888-9718 [Fax] www.sos.ga.gov/plb/construct

CONDITIONED AIR CONTRACTORS

STATEWIDE LICENSES

•••GENERAL INFORMATION and CHECKLIST•••

A COMPLETE APPLICATION PACKET (Mailed to you or printed from the Web site) includes:

Application for License Form (4 pages) plus

- 3 Personal Reference Forms from professionally licensed people having knowledge of your work

List of Approved Course Providers for Heat Loss/Gain & Duct Design
Instructions for applying Based on Out of State Examination
List of Reference Books You May Bring to the Examination & bookstores that carry them
Examination Review Course providers
Excerpts from Georgia Construction Industry Licensing Boards Laws and Rules

Your initial completed and correct application must be in the board office no later than the deadline posted on the web page. Please check this information carefully as there are no exceptions!

OTHER MATERIALS SENT TO APPLICANTS:

Approximately 45 Days Prior to the Examination

Letter from the Board notifying the applicant of approval or disapproval to take the examination.

Approximately 2 Weeks Prior to the Examination

Admission Notices from AMP to scheduled applicants, giving the date and location of the examination, as requested on the AMP-GA05 form. [If you receive an approval letter from the Board, but do not receive an admission notice, Contact AMP at (800) 345-6559.]

Approximately 2-3 weeks After the Examination results are received.

Applicants who failed the exam will receive a score report from AMP and instructions to apply for another examination date.
Applicants who passed the examination will receive their license identification card.

Detach and keep these instructions for your records

Read the instructions carefully and be familiar with the laws and rules governing the practice of conditioned air contracting in the State of Georgia. Visit the following web site for information: http://www.sos.ga.gov/plb/construct. (See O.C.G.A.§43-14-2 for definitions).

- Conditioned Air Contractor licenses are required of person who contract to install, repair, or service conditioned air systems or equipment. Conditioned air equipment means heating and air conditioning equipment covered under state codes.
- Statewide Class I Conditioned Air Contractor licenses are restricted to systems or equipment not exceeding 175,000 BTU of heating or five tons of cooling.
- Statewide Class II Conditioned Air Contractor licenses are unrestricted.

Other:

All applications are reviewed by the Conditioned Air Board at a regularly scheduled meeting. Do not ask staff to make an exception.

To check the status of your application, visit www.sos.ga.gov/plb/construct by clicking on "check application status" from the online services tab.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application. This checklist is for your use and does not need to be sent with your application!

The **$30.00 non-refundable** application fee payable to **Georgia Construction Industry Licensing Board** must be included with this application.
The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

- ☐ **All applications are reviewed by the conditioned air board at a regularly scheduled meeting. Do not ask the administrative staff to make an exception for your application.**

- ☐ **E-MAIL ADDRESS:** Acknowledgement of your application will be sent by e-mail. Also, if further information is needed, e-mail is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your e-mail address will not be shared with any third party.

- ☐ **NOTARIZED APPLICATION:** The four-page correctly completed and notarized application must be mailed to the Board's office at the address listed above, along with your **FEE no later than the dates posted on the web page. If any portion of your application is returned to you for completion, it must be received in this office by the deadline in order for it to be considered a complete application ready for the board to review at their next scheduled meeting.**

- ☐ **EXPERIENCE INFORMATION: List your employer information beginning with your current employer!** Employer information includes the qualifying licensee name and holder's license type CN or CR or HVAC-restricted or non-restricted, dates of employment and a brief description of your duties. Please review the experience requirements under board rule 121-2-03.
- ☐ All examination applicants must include a copy of a certificate of a Board approved heat loss & gain & duct design course from a board approved provider OR show they have completed ACT107 on a school transcript from a Georgia vocational/technical school. Class II (non-restricted) applicants must provide proof of having completed a board approved course for Manuals N&Q or Carrier Design 1,2,3. **See separate list of course providers.**

- ☐ All applicants must submit a copy of their EPA card showing Type II or higher certification.
- ☐ Education – Please review Rule 121-2-.03(4). If you have completed a diploma or certificate program through a Georgia vocational or technical school, submit a transcript. Diplomas or certificates from out of state schools will need to submit additional documentation that course requirements meet the board rule for heat loss/gain and duct design.

- ☐ **PERSONAL HISTORY**: All questions must be answered.
  Education: Submit only a transcript showing you have completed a vocational/technical school program in Engineering Technology or related conditioned air field.
  No other education is accepted nor should it be submitted.
- ☐ **Beginning October 15, 2007 all applicants must submit a nationwide criminal background check with an application. This can be obtained by going to your local law enforcement office or through a private background check agency.** If you answer "yes" on the conviction question, you must also submit the requested certified documentation.

- ☐ **REFERENCES:** You must list all the information requested for your references on this page.
- ☐ **REFERENCE LETTERS:** Three (3) notarized original reference forms from professionally licensed people that have knowledge of your work are required for each reference listed on Part III of your application. **No copies will be accepted**. All references must be licensed professionals from these categories: conditioned air contractor, registered architect, professional engineer or city/county inspector.

  Restricted applicants: must have at least one reference from a licensed conditioned air contractor (either restricted or non-restricted).

  Non-restricted applicants: must have at least one non-restricted reference & matching reference form. Any additional contractor references must be non-restricted also.

- ☐ Please mail your application to the address on the application in a 9 X 12 envelope, unstapled and unfolded.

After the board meeting, you will receive either an approval or denial letter. It is your responsibility to register with the testing administrator. Please read their instructions carefully.

If you receive a denial letter, any supplemental information you submit will be reviewed at the next regularly scheduled board meeting. (No exceptions.) You do not have to submit a new application and fee; only the information the board is requesting.

Make a copy for yourself of everything you are submitting for your application!

STATE CONSTRUCTION INDUSTRY LICENSING BOARDS
DIVISION OF CONDITIONED AIR CONTRACTORS

INSTRUCTIONS TO APPLY FOR CONDITIONED AIR CONTRACTORS LICENSE

Based on Out of State Examination

Please read these instructions carefully before completing your application. Type or hand print your application. Do not alter the PDF file.

Under Board Rule 121-2-.05, Statewide License by Endorsement, the Division of Conditioned Air Contractors may accept results of the following examinations for licensure. Persons applying based on these examinations must meet the experience and other requirements and must have passed the examination and hold license in one of the following areas:

(a) The South Carolina limited, intermediate, or unlimited air conditioning examinations, if applying for Georgia unrestricted conditioned air contractors license
(NOTE: Package equipment examinations are not covered); or

(b) The Texas class A, environmental air conditioning examinations.

Persons applying for license based on out of state examination with Texas or South Carolina must submit the application form as instructed. In addition, **an original letter of certification with a state seal** from the licensing board that administered the examination must be submitted. This certification must state that the applicant holds a current license and has passed the state examination.

What not to send: copies of your test scores, copies of a congratulations letter, copies of your license or the company license, or copies of the certification letter
Sending any of these items may result in a delay of the board reviewing your application because it is not considered complete.
Reciprocity applicants must complete the application as directed including submitting a copy of their EPA card showing Type II or Universal certification, and 3 reference letters from professionally licensed people from the categories listed.

The applicant fee of $30.00 must be submitted to the Board office with this application. The Examination Scheduling form and examination fee are not required for applicants who apply for license based on out of state examinations.

STATE CONSTRUCTION INDUSTRY LICENSING BOARD
CONDITIONED AIR COURSE INFORMATION

Board Rules require all applicants for conditioned air to complete an approved course in heat loss and gain and duct design covering Manuals J & D when submitting an application. In addition, applicants for the non-restricted license must complete a course that covers Manuals Q & N or the Carrier Design Manual. The air conditioning technology course ACT107 offered by all the Georgia Vocational and Technical Schools and Colleges meets the requirements of Board Rule 121-2-.03. You must submit a copy of your transcript which shows that you have completed the course.

The following agencies have submitted information to the board describing courses that meet the board requirements. Before enrolling in a private course be sure that it meets the requirements of Board Rule 121-2-.03.

To obtain information on the courses

Contact your local state technical institute. For locations contact: Ga. Department of Technical & Adult Education (404) 679-1600 or www.dtae.org or;

Contact the following approved providers/agencies

Hugh Cole – Cole Training
1908 Lamp Post Lane
Lawrenceville, GA 30043
770-513-1487
Class 1&2

Denny Varnadoe
D & M HVAC Consultants, Inc.
116 Brighton Circle
Brunswick, GA 31525
912-267-0086
Email: varnadoed@bellsouth.net
Class 1 & 2

Gary Konrath
2625 Piedmont Rd., #56-224
Atlanta GA 30324
770-235-3420
501-635-3420
www.GeorgiaLicenseExam.com
email: Gary Konrath@GeorgiaLicenseExam.com
Class 1&2

Ralph Duncan
Code Connection
145 Bay Drive
Newnan, GA 30263
770-502-0344
Class 1

William L. Decker
C/o Dealers Supply Co.
82 Kennedy Dr.
P.O. Box 1708
Forest Park Ga 30298
404-361-6800
Class 1

The Construction Code Academy
Attn: David Bledsoe
4401 Yorkshire Ct.
Loganville GA 30052
770-554-0575
web: HomeInspectionsByHHI.com
e-mail: williambledsoe@msn.com
Class 1

The GA Trane Companies
Dustin Vance
2677 Buford Hwy., N.E.
Atlanta, GA 30324
404-836-2781
Fax: 404-636-5204
www.trane.com/commerical/training
Class 1 & 2

Georgia Power Co.
Attn: Darrell Howell
1098 Milledgeville Rd
Milledgeville GA 31061
706-484-2727, Ext. 310
Manual J

Brian Sutton
150 Eldridge Lane
Douglas GA 31533
912-381-3463
e-mail: bsutton255@yahoo.com
Class 1

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt number _____

FOR BOARD USE ONLY
License no._____
Date Issued _____
Applicant No. _____

GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440
www.sos.ga.gov/plb/construct

APPLICATION FOR CONDITIONED AIR CONTRACTOR

Application Fee $30.00 (non-refundable)
In the form of a money order, or company or personal check

License Type: _____ Restricted
_____ Non-restricted

Method Obtained by:
Applicant is applying for above referenced license by:
( ) Examination
( ) Reciprocity from _____ **South Carolina** _____ **Texas**

See separate application for reinstatement by re-examination for licenses lapsed more than 3 years.

Name _____
First Middle Last Suffix

_____-_____-_____ _____/_____/_____
Social Security Number **(used for tracking purposes only)** **Date of Birth**
*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 *et seq.* and O.C.G.A. § 20-3-295 *et seq.*, 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

Physical Address _____
P.O. Box not acceptable Number and Street Apt. No City/State Zip

Mailing Address _____
(if different) P.O. Box OR Number and Street Apt. No City/State Zip

Daytime Telephone Number_____ Business or Cell phone Number _____

E-mail address:_____
Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

Exam applicants only: _____ I am requesting Veterans' Preference Points.
Attached is a copy of my DD-214

For Board Use Only

Approved by:_____ Date approved by Division_____

Disapproved by _____ Date disapproved by Division _____

Reason:_____

PART II – EXPERIENCE RECORD

INSTRUCTIONS: Please read instructions thoroughly before completing application

- Applicants for Class II must list at least 5 years of installation experience that was properly supervised and inspected. Class II (Non-restricted) Conditioned Air Applicants must describe experience with installation of systems exceeding 175,000 BTU of heating and 5 tons of cooling. Class I (restricted) must list at least 4 years of experience.
- For each period of employment, list the information requested.
- Describe briefly, but concisely, the conditioned air work you performed, your duties, and degree of responsibility. **See Board Rule Chapter 121-2-.03 for a description of the experience requirements**.
- Give the approximate number of hours per week you performed the duties described.
- **Attach additional pages, if necessary, using this format and writing your name at the top.**

SPECIFY WORK RELATING TO CONDITIONED AIR DUTIES – <u>BEGIN WITH PRESENT EMPLOYMENT</u>

Name of Employer:		Phone:( )
Employer's Complete Address:		
Name of Supervisor:	Job Title of Supervisor:	Type License Held:
Your Job Title:	Employed: FROM: [Mo/Yr]	TO: [Mo/Yr]
Approximate Number of Hours per Week Conditioned Air duties performed:		
Description of Conditioned Air Duties:		

Name of Employer:		Phone:( )
Employer's Complete Address:		
Name of Supervisor:	Job Title of Supervisor:	Type License Held:
Your Job Title:	Employed: FROM: [Mo/Yr]	TO: [Mo/Yr]
Approximate Number of Hours per Week Conditioned Air duties performed:		
Description of Conditioned Air Duties:		

EXPERIENCE RECORD, **CONTINUED**

Name of Employer: Phone:( )

Employer's Complete Address:

Name of Supervisor: Job Title of Supervisor: Type License Held:

Your Job Title: Employed: FROM: [Mo/Yr] TO: [Mo/Yr]

Approximate Number of Hours per Week Conditioned Air duties performed:

Description of Conditioned Air Duties:

Name of Employer: Phone:( )

Employer's Complete Address:

Name of Supervisor: Job Title of Supervisor: Type License Held:

Your Job Title: Employed: FROM: [Mo/Yr] TO: [Mo/Yr]

Approximate Number of Hours per Week Conditioned Air duties performed:

Description of Conditioned Air Duties:

Name of Employer: Phone:( )

Employer's Complete Address:

Name of Supervisor: Job Title of Supervisor: Type License Held:

Your Job Title: Employed: FROM: [Mo/Yr] TO: [Mo/Yr]

Approximate Number of Hours per Week Conditioned Air duties performed:

Description of Conditioned Air Duties:

PART III – REFERENCES

INSTRUCTIONS:

- List below the names, complete addresses, telephone numbers, and license numbers of three (3) professionally licensed persons (architect, engineer, inspector or conditioned air contractor(s)) who have knowledge of your conditioned air experience to whom the Division may refer.

At least one reference must be a licensed conditioned air contractor; Class II applicants must have one or more non-restricted references. **Attach 3 completed, notarized reference letters from the people listed below.**

Name: _____ Telephone Number:( ) _____

Address: _____
Street City State Zip Code

Professional License #_____ Issuing state _____

Name: _____ Telephone Number:( ) _____

Address: _____
Street City State Zip Code

Professional License #_____ Issuing state _____

Name: _____ Telephone Number:( ) _____

Address: _____
Street City State Zip Code

Professional License #_____ Issuing state _____

PART IV – PERSONAL HISTORY

Have you received a diploma in Engineering Technology or a certificate for completion of a vocational-technical school program?
☐ No ☐ Yes ***If yes, attach a transcript from your school behind this page.***

Have you ever held a Conditioned Air Contractors' license? ☐ No ☐ Yes If yes, type of license, license number, and Board that issued:_____

Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or other state? ☐ No ☐ Yes If yes, explain_____

Have you (1) been convicted of a misdemeanor (other than minor traffic violation) within the past five years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony. ☐ No *(Attach background check behind page 4.)*
☐Yes *If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.*

☐ I am a US citizen. ☐ I am not a US citizen but am a qualified alien under the Federal Immigration and Naturalization Act and am lawfully present in the United State. (Complete attached form.)

PART V – CERTIFICATION

I, the undersigned Applicant, certify that the information contained in this application is true to the best of my knowledge. I understand that any forged, false, or fraudulent information contained in this application is grounds for the Division to refuse to issue a license or to revoke any license issued based on this application. I authorize the Division to receive any criminal history record information concerning me from any state or local criminal justice agency.

Subscribed to and sworn before me this

_____
Signature of Applicant

this _____ day of _____,

_____
Date

_____
Notary Public
My Commission Expires:_____

NOTARY SEAL

Secretary of State
Professional Licensing Boards
Conditioned Air Contractors' Division
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440
www.sos.ga.gov/plb/construct

Dear Sir or Madam:

The individual applicant on this form is applying for a Conditioned Air Contractor license in the state of Georgia and is required to furnish evidence of his or her ability, experience and professional skills in the field by submitting references from three professional licensees attesting to his or her qualifications. The references may only be from a Registered Architect, Professional Engineer, City or County Inspector or Licensed Conditioned Air Contractor. At least one reference must be from a licensed conditioned air contractor. Non-restricted applicants may have more than one contractor, but only from non-restricted license holders. These references must have worked directly with the individual on conditioned air projects where the applicant was responsible for the installation, design and the supervision of entire projects.

The Division wishes to point out that the statements must be from personal knowledge, made with the full realization of the responsibility toward the public, and not made for the mere purpose of aiding the applicant. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully and completely the questions printed on the back of this letter. It is unlawful to make false statements regarding an applicant's experience. Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

Fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

STATE CONSTRUCTION INDUSTRY
LICENSING BOARD
Division of Conditioned Air Contractors

Georgia Construction Industry Licensing Board
Division of Conditioned Air Contractors
Applicant Reference Form

Information Concerning:_____
(Applicant's/Individual's Name)

What is your profession? ☐ HVAC/Mech Contractor ☐ Architect ☐ Engineer ☐ Inspector
(If you do not hold a license from one of these categories, do not continue!)

Your professional license # _____ Profession _____ Issuing Authority _____

Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of conditioned air contracting: _____
_____

Based on personal knowledge described above, does the applicant possess sufficient knowledge to:

	Residential		**Commercial**		**No direct**
	Yes	**No**	**Yes**	**No**	**knowledge**
Calculate heat loss and gain:	☐	☐	☐	☐	☐
Design duct systems:	☐	☐	☐	☐	☐
Install complete CA systems:	☐	☐	☐	☐	☐
Supervise installation of complete CA systems:	☐	☐	☐	☐	☐
Service CA systems:	☐	☐	☐	☐	☐
Make electrical connections to CA equipment:	☐	☐	☐	☐	☐

From personal knowledge, list three jobs for which the applicant was totally responsible from the plan development to system start up. Please list the job address, the type and size of conditioned air system for each:
1) _____
_____
2)_____
_____
3)_____
_____

Do you know anything that would reflect adversely on the applicant's integrity or character? No ☐ Yes ☐
If yes, explain: _____
_____

I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty conditioned air work. I swear the above statements to be true to the best of my knowledge under penalty of law.

Your name:_____ Your firm: _____
(*Please print*)
Daytime phone # _____Other telephone number:_____

Your signature _____ Date: _____

Notary Signature _____ Notary Seal

Date Commission expires _____

Secretary of State
Professional Licensing Boards
Conditioned Air Contractors' Division
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The individual applicant on this form is applying for a Conditioned Air Contractor license in the state of Georgia and is required to furnish evidence of his or her ability, experience and professional skills in the field by submitting references from three professional licensees attesting to his or her qualifications. The references may only be from a Registered Architect, Professional Engineer, City or County Inspector or Licensed Conditioned Air Contractor. At least one reference must be from a licensed conditioned air contractor. Non-restricted applicants may have more than one contractor, but only from non-restricted license holders. These references must have worked directly with the individual on conditioned air projects where the applicant was responsible for the installation, design and the supervision of entire projects.

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Fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

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STATE CONSTRUCTION INDUSTRY
LICENSING BOARD

Division of Conditioned Air Contractors

Georgia Construction Industry Licensing Board
Division of Conditioned Air Contractors
Applicant Reference Form

Information Concerning:_____
(Applicant's/Individual's Name)

What is your profession? ☐ HVAC/Mech Contractor ☐ Architect ☐ Engineer ☐ Inspector
(If you do not hold a license from one of these categories, do not continue!)

Your professional license # _____ Profession _____ Issuing Authority _____

Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of conditioned air contracting: _____
_____

Based on personal knowledge described above, does the applicant possess sufficient knowledge to:

	Residential		**Commercial**		**No direct**
	Yes	**No**	**Yes**	**No**	**knowledge**
Calculate heat loss and gain:	☐	☐	☐	☐	☐
Design duct systems:	☐	☐	☐	☐	☐
Install complete CA systems:	☐	☐	☐	☐	☐
Supervise installation of complete CA systems:	☐	☐	☐	☐	☐
Service CA systems:	☐	☐	☐	☐	☐
Make electrical connections to CA equipment:	☐	☐	☐	☐	☐

From personal knowledge, list three jobs for which the applicant was totally responsible from the plan development to system start up. Please list the job address, the type and size of conditioned air system for each:
1) _____
_____
2)_____
_____
3)_____
_____

Do you know anything that would reflect adversely on the applicant's integrity or character? No ☐ Yes ☐
If yes, explain: _____
_____

I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty conditioned air work. I swear the above statements to be true to the best of my knowledge under penalty of law.

Your name:_____ Your firm: _____
(*Please print*)
Daytime phone # _____Other telephone number:_____

Your signature _____ Date: _____

Notary Signature _____ Notary Seal

Date Commission expires _____

Secretary of State
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Fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

STATE CONSTRUCTION INDUSTRY
LICENSING BOARD
Division of Conditioned Air Contractors

Georgia Construction Industry Licensing Board
Division of Conditioned Air Contractors
Applicant Reference Form

Information Concerning:_____
(Applicant's/Individual's Name)

What is your profession? ☐ HVAC/Mech Contractor ☐ Architect ☐ Engineer ☐ Inspector
(If you do not hold a license from one of these categories, do not continue!)

Your professional license # _____ Profession _____ Issuing Authority _____

Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of conditioned air contracting: _____
_____

Based on personal knowledge described above, does the applicant possess sufficient knowledge to:

	Residential		Commercial		No direct
	Yes	No	Yes	No	knowledge
Calculate heat loss and gain:	☐	☐	☐	☐	☐
Design duct systems:	☐	☐	☐	☐	☐
Install complete CA systems:	☐	☐	☐	☐	☐
Supervise installation of complete CA systems:	☐	☐	☐	☐	☐
Service CA systems:	☐	☐	☐	☐	☐
Make electrical connections to CA equipment:	☐	☐	☐	☐	☐

From personal knowledge, list three jobs for which the applicant was totally responsible from the plan development to system start up. Please list the job address, the type and size of conditioned air system for each:
1) _____
_____
2)_____
_____
3)_____
_____

Do you know anything that would reflect adversely on the applicant's integrity or character? No ☐ Yes ☐
If yes, explain: _____
_____

I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty conditioned air work. I swear the above statements to be true to the best of my knowledge under penalty of law.

Your name:_____ Your firm: _____
(*Please print*)
Daytime phone # _____Other telephone number:_____

Your signature _____ Date: _____

Notary Signature _____ Notary Seal

Date Commission expires _____

Georgia Board of Registration for Professional Engineers and Land Surveyors
237 Coliseum Drive
Macon, GA 31217-3858
Telephone: (478) 207-2440
Fax: (866) 888-9718
Web Site: http://sos.georgia.gov/plb/pels/

APPLICANT - PLEASE COMPLETE, SIGN, AND ATTACH TO YOUR APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and preemployment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed as a _____. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

_____ _____
Full Legal Name Printed Signature

_____ _____
Residence Street Address Aliases or Maiden Name

_____ ____ _____ _____
City, State, Zip Sex Race Social Security Number

_____ _____
Date of Birth Date of this Authorization

I UNDERSTAND THAT FAILURE TO AUTHORIZE THIS WAIVER AUTHORIZATION FOR RELEASE OF INFORMATION WILL PROHIBIT THE CONDUCT OF THE REQUIRED BACKGROUND INVESTIGATION AND I WILL NO LONGER BE A CANDIDATE FOR A STATE LICENSE.

Release of Information
12/17/07 **Form C**

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

_____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"
_____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

_____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
_____ - INS Form I-688B (Employment Authorization Card) annotated “27a.12(a) (5)”
_____ - INS Form I-766 (Employment Authorization Document) annotated “A5”
_____ - Grant letter from the asylum office of INS
_____ - Order of an immigration judge granting asylum

Refugee:

_____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
_____ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)
_____ - INS Form I-766 (Employment Authorization Document) annotated “A3”
_____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

_____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

_____ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)
_____ - INS Form I-766 (Employment Authorization Document) annotated “A10”
_____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
_____ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (1) (3)
_____ - INS Form I-766 (Employment Authorization Document) annotated “A3”

Cuban/Haitian Entrant:

_____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6
_____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
_____ - INS Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

_____ - INS petition and appropriate supporting documentation

_____
Name of Applicant

_____
License Number or Applicant for what type of license
(i.e. Professional Engineer, EIT, Land Surveyor, LSIT, Geologist, etc.)