CONTRACTORS LICENSE APPLICATION

RECIROCITY INFORMATION

The State of Alabama has entered into reciprocal agreements with the following states:

Louisiana – Licensing Board for Contractors

Mississippi – Board of Contractors

Tennessee – Board for Licensing General Contractors

This agreement only pertains to examinations and does not minimize the ability of the State of Alabama to investigate the applicant in any way. The contractor must make application to the Alabama Board of Heating and Air Conditioning Contractors and meet all other requirements of the board before a HVAC Contractor Certification Number will be issued.

In order for the Alabama Board to consider reciprocity for a contractor, the following requirements must be met:

1. A contractor must complete and submit an application along with all financial requirements and must hold a current license for the past 3 consecutive years within one of the states named above. The contractor must be free of any disciplinary actions taken against him/her during the 3-year consecutive period of licensure.

2. The applicant must show proof of licensure in a reciprocal state by providing the completed verification form (attached). The Alabama Board of Heating and Air Conditioning Contractors retains the authority to require the applicant to provide all necessary information to show cause for the issuance of a contractor’s license in the state.

3. The applicant must complete the Affidavit of Understanding (attached).

NOTE: Applicant must complete Part I of the attached verification form and mail to one of the above named states. This reciprocity agreement does not apply to any states or agencies not listed above.
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
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: ________
HVAC BUSINESS INFORMATION

Business Name ____________________________________________

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

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.

   ____________________________________________________________
   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.

Signature of Responsible in charge

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)

LIST OF CERTIFIED CONTRACTORS
Please list all contractors and their certification numbers below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Certification Number</th>
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<tbody>
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I wish to inform the Board the name listed above is a bona fide active heating and air conditioning organization as described on this information sheet and that all information hereby submitted is complete and accurate.

Responsible in charge, sign here: ________________________________ Date: ________________________________
1. A driver’s license or nondriver’s identification card issued by the Alabama Department of Public Safety or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver’s license or nondriver’s identification card.

2. A birth certificate indicating birth in the United States or one of its territories.

3. Pertinent pages of a United States valid or expired passport identifying the person and the person’s passport number, or the person’s United States passport.

4. United States naturalization documents of the number of the certificate of naturalization.

5. Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.

6. Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.


11. Final adoption decree showing the person’s name and United States birthplace.

12. An official United States military record of service showing the applicant’s place of birth in the United States.

13. An extract from a United States hospital record of birth created at the time of the person’s birth indicating the place of birth in the United States.

14. AL-verity.

15. A valid Uniformed Services Privileges and Identification Card.

16. Any other form of identification that the Alabama Department of Revenue Authorizes, through an administrative rule promulgated pursuant to the Alabama Administrative Procedure Act, to be used to demonstrate or confirm a person’s United States citizenship or lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

**PROOF LAWFUL PRESENCE OF NON-CITIZEN**

1. A valid, unexpired Alabama driver’s license.

2. A valid, unexpired Alabama nondriver’s identification card.

3. A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.

4. Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.

5. A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer’s admission to the United States.

6. A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer’s admission to the United States.
Affidavit of Understanding

I, ________________________, state on oath and affirm:

(Name)

1. I am ______________________ of ______________________.
   (Position) (Name of Company)
   I am currently a licensed contractor under the laws of ______________________.
   (State)
I have been a licensed contractor for ______________________ years.
   (Number of Years)

2. I am seeking to be licensed as a heating and air conditioning contractor in the State of
   Alabama under its reciprocal agreement with ______________________. I certify that I
   meet all requirement of the reciprocal agreement.
   (State)

3. Although I am not required to pass the Written Examination before becoming licensed in
   Alabama, I recognize that I am not exempted from the laws of the State. By executing this
   affidavit, I agree to comply with all laws, rules, and regulations of the State of Alabama
   Board of Heating, Air Conditioning and Refrigeration Contractors.

State of ______________________

County of ______________________

Sworn before me this __________ day

of ______________________, 20__

Notary Public
Commission expires ____________

Signature of Affidavit
I. Request for Verification of License

Instructions to Applicant for Verification: Complete the top portion of this request. Mail to the state in which you now hold a license for completion of Part II.

Contractor Name ________________________ Company Name ________________________

Street Address ________________________

City __________________________ State _____________ Zip _____________

License Number ________________________

I am requesting licensure in the State of Alabama. Please verify my licensure in your state.

___________________________________________
Signature of Applicant

II. Verification of License

To Verifying State: Please furnish the requested information and sign. Return the document to the applicant to be included in his application.

Contractor Name ________________________ Company Name ________________________

License Number ________________________ Current Status ________________________

Date License was First Issued ________________________ Expiration Date ________________________

Classification(s) Held ________________________

Licensed By: _____ Waiver (Basis of Waiver) ________________________

_____ Endorsement (List State) ________________________

_____ Exam (Name of Qualifying Party) ________________________

Type of Exam(s) Taken (i.e. nai, Block, In-house) ________________________

Exams Taken and Scores ________________________

Disciplinary Action ________________________

___________________________________________
Signature ________________________

Title ________________________
STATE OF ALABAMA

APPLICATION FOR CERTIFICATE OF AUTHORITY
OF A FOREIGN CORPORATION TO TRANSACT BUSINESS IN ALABAMA

TO THE SECRETARY OF STATE OF THE STATE OF ALABAMA,

PURSUANT TO THE PROVISIONS OF THE ALABAMA BUSINESS CORPORATION ACT, THE Undersigned CORPORATION hereby applies for a Certificate of Authority to transact business in Alabama and, for that purpose, submits the following statements.

1. The exact name of the corporation: ____________________________

2. If your corporate title does not include "Corporation," "Corp," "Incorporated" or "Inc.", one of these must be added for use in Alabama. Please list your exact corporate title with the addition of one of these words. ____________________________________________________________

3. State or Country of incorporation: ________________________________

4. Date of incorporation: _______________ Duration of corporation: ____________________________

5. Street address of principal office: ____________________________________

6. Name and street address (NO PO BOX) of registered agent in Alabama:

7. The names and addresses of its directors and officers are:

   NAME ___________________________________________________________
   OFFICE/TITLE __________________________ Mailing Address: ____________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

8. This application is accompanied by a copy of articles of incorporation and all amendments thereto, duly certified by the proper official of the state under the laws of which it is incorporated, together with the filing fee of $175.00. The non-profit corporation filing fee is $75.00. The certification by the Secretary of State or the equivalent in your state must be an original and "current" (within six months).

9. Date: __________________________________________________________

Type or Print Corporate Officer's Name and Title

Signature of Officer

MAIL DUPLICATE ORIGINALS OF THIS APPLICATION, A CERTIFIED COPY OF THE CHARTER AND THE FILING FEE TO:
SECRETARY OF STATE, CORPORATIONS DIVISION, POST OFFICE BOX 5616, MONTGOMERY, ALABAMA 36103-5616
(334)242-5324

CD.2 Rev. 4/2000