

WEST VIRGINIA DIVISION OF LABOR

State Capitol Complex - Building 6, Room B-749 - Charleston, WV 25305
Telephone: (304) 558-7890 Facsimile: (304) 558-5174

HVAC Technician License Application / Affidavit

General Information: (Please Print)

Name: _____ Phone #: _____
First Middle Initial Last

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Type of License: (Please mark appropriate classification for which you are applying)

[] Technician (I certify I have at least two thousand hours (2,000) of experience and/or training working on HVAC systems and at least six thousand hours (6,000) of experience and/or training in HVAC systems and relating work which includes other sheet metal industry tasks)
(Please submit a list of employers or customers for whom you performed HVAC work)

[] Technician in Training (I understand I am required to work under the direction and control of a licensed HVAC Technician when performing HVAC work) (No Examination Required)

Examination: After July 1, 2016, All Technician Applicants will be required to submit their examination score report.

(Date of Examination)

(Score)

Fee: Technician - \$75.00

Technician in Training - \$50.00

The fee (\$75.00) for a Technician will be waived if you have a current WV Contractor Licensing Board license with the HVAC classification and are the owner and the HVAC qualifier. Enter License #: []

Please attach a check, certified check, cashier's check or money order made payable to the West Virginia Division of Labor, NO CASH PLEASE.

PRIVACY NOTICE

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact the the Division's Privacy Officer Robert Bryant at Robert.L.Bryant@wv.gov.

The undersigned hereby certifies under penalty of perjury that information provided on this application / affidavit is true to the best of my knowledge and belief and that I realize that making a false statement may result in loss of my license.

Signature: _____
(Applicant's Signature)

Date: _____

Subscribed and sworn to before me, the undersigned Notary Public this _____ day of _____,

20____. My commission expires _____.

Notary Public