



Public Protection Cabinet
 Department of Housing, Buildings and Construction
 DIVISION OF HVAC
 101 Sea Hero Road, Suite 100
 Frankfort, Kentucky 40601-5412
 (502) 573-0395 Fax (502) 573-1401



APPRENTICE HVAC REGISTRATION FORM

Please type or print form. All questions must be answered for Division processing.

1. **Name:** _____
Last First MI

Address: _____
(Street, Route, or Box Number)

City: _____ **State:** _____ **Zip:** _____

County: _____ **Telephone #** (_____) _____ - _____

Date of Birth: ____ / ____ / ____ **Social Security:** _____ - _____ - _____

Email Address: _____

2. **Employer Name:** _____

Address: _____
(Street, Route, or Box Number)

City: _____ **State:** _____ **Zip:** _____

County: _____ **Telephone #:** (_____) _____ - _____

Signature of Kentucky Licensed HVAC Contractor: _____

Kentucky Master HVAC Contractor license #: _____

3. **Attached a passport color photograph:**

Signature of Registering Applicant: _____

Date: _____

**Attach a recent
 passport-sized, color
 photograph of
 applicant taken
 within the last six
 months.**

For Office Use Only

Date Received _____
 Date Issued _____
 Registration # _____
 Master Status _____

