COMMONWEALTH OF KENTUCKY
Public Protection Cabinet
Department of Housing, Buildings and Construction
DIVISION OF HVAC
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
(502) 573-0395 Fax (502) 573-1401

APPRENTICE HVAC REGISTRATION FORM

Please type or print form. All questions must be answered on both sides of this registration form

1. **Name:** _____
   Last *First* *MI*
   Address: _____
   (Street, Route, or Box Number)
   City: _____ **State:** _____ **Zip:** _____

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

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

2. **Employer Name:** _____

   Address: _____
   (Street, Route, or Box Number)
   City: _____ **State:** _____ **Zip:** _____

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

3. **Attached recent signed color photograph below:**

Applicant Photo

Signature of HVAC Contractor_____

Master HVAC Contractor license #_____

For Office Use Only

Master # _____
Master Status _____
Master Address _____
J Status _____

HVAC 3 (07-08)

4. Record of any HVAC trade school experience (add attachments, if necessary)

School	From	To	School Hours

5. Record of work experience (add attachments, if necessary)

Contractor	From	To	Phone Number	Work Hours

Total Hours: _____

_____ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Apprentice HVAC Registration at this time.

The Board may revoke, suspend, place on probation, or restrict the license or certificate of any licensee or certificate holder pursuant to KRS 198B.672.

Applicant Signature: _____

Remarks:_____

_____

_____

_____

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