



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 for Division processing.*

1. Name: \_\_\_\_\_  
*Last* *First* *MI*

Address: \_\_\_\_\_  
*(Street, Route or Box Number)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street, Route or Box Number)*

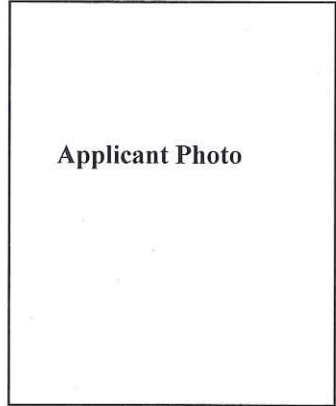
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Signature of Kentucky Licensed HVAC Contractor \_\_\_\_\_

Kentucky Master HVAC Contractor License # \_\_\_\_\_

3. Attach a signed passport color photograph:



\_\_\_\_ (Initial) I confirm that all information contained in and submitted with this registration form is current and true to the best of my knowledge.

Signature of Registering Applicant \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only	
Date Received _____	_____
Date Issued _____	_____
Registration # _____	_____
Master Status _____	_____

