PUBLIC PROTECTION CABINET
Department of Housing, Buildings and Construction
Division of HVAC
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5412
Phone: 502-573-0395, Fax: 502-573-1401
www.dhbc.ky.gov

Date Received: _____

Payment Amount: _____

Change of Information

I hereby make application for a change of information of my HVAC license; license number _____.

- *Address (No Fee required)*
- *Company Change for Journeyman/Apprentice (No Fee required)*
- *Company Change for Master HVAC Contractor; must submit the following:*
  - *Fee of $20.00 (Make check or money order payable to Kentucky State Treasurer)*
  - *New Certificate of Insurance listing Department of Housing, Buildings & Construction, Division of HVAC, 101 Sea Hero Rd., Ste. 100, Frankfort, KY 40601-5412 as the certificate holder.*

Personal Information

Name: _____ Telephone: (_____) _____ - _____
Last First MI

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Email: _____

Company Information:

Company Name: _____

Company Kentucky Master HVAC Contractor # _____Telephone: (_____) _____ - _____

Company Mailing Address: _____

City: _____ State: _____ Zip: _____

Applicant Signature: _____ SS#: _____ - _____ - _____

(HVAC 16) Revised 6/17/15

Kentucky UNBRIDLED SPIRIT
An Equal Opportunity Employer M/F/D