



# 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 \_\_\_\_\_

## Duplicate Copy Request

I hereby make application for a duplicate copy of my HVAC license; license number \_\_\_\_\_.

- Duplication fee of \$20.00 per license enclosed (Make check or money order payable to Kentucky State Treasurer.)

### Personal Information

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_ County: \_\_\_\_\_  
*(Street or PO Box)*

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

Email: \_\_\_\_\_

### Company Information:

Company Name: \_\_\_\_\_ Master # \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_  
*(Street or PO Box)*

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

Company Telephone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(HVAC 15) Revised 6/17/15

