Public Protection Cabinet
Department of Housing, Buildings and Construction
LICENSING BRANCH
500 Mero Street
Frankfort, Kentucky 40601-5412
(502) 573-2002 Fax (502) 573-1598

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:**

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

Signature of Registering Applicant: _____

Date: _____

For Office Use Only

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