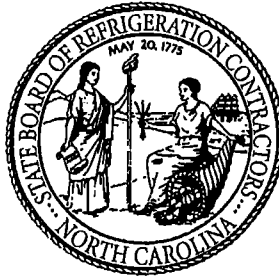


STATE BOARD OF REFRIGERATION CONTRACTORS



APPLICATION FOR REFRIGERATION EXAMINATION

(Please print legibly or type all information)

I hereby apply for examination to qualify for license to engage in the business of refrigeration contracting in the State of North Carolina. I have read and understand the refrigeration experience requirement. (21 NCAC 60..0207).

1. Personal (Applicants must include full name and not an initial)

Name: First _____ Middle Initial _____ Last _____

Date of Birth _____ Social Security Number _____ County _____

Work Phone _____ Home Phone _____ Cell Phone _____

E-mail address _____ Work Fax _____

(Note: your initial exam date will be sent to this email address.)

2. Current Employer _____

Mailing Address _____

(Board mail will be sent here) Street City State Zip

Physical Address _____

(If different from mailing address) Street City State Zip

3. Please indicate examination: ____ Commercial ____ Service ____ Industrial ____ Transport
Check only one. A separate Application and Supervisor's Statement or Affidavit is required for each type of license.

4. Do you hold a current refrigeration license? Yes ____ No ____ If yes, what is your license number? _____

5. Commercial, Service, and Transport applicants must have a valid Section 608 EPA Certificate (Type II or Universal) to handle refrigerants. Please attach a copy of your CFC Certificate.

6. Have you ever been licensed by any other licensing board in North Carolina, or in any other state or municipality? Yes ____ No ____

If yes, what licenses do you hold? _____

7. Have you ever had an occupational license revoked or suspended? Yes ____ No ____ if yes, attach a statement giving complete details

8. Have you ever taken the examination for a NC Refrigeration Contractor's License? Yes ____ No ____

If so, when _____ where _____ did you pass _____

9. Each license is issued to the individual who qualifies. If a license is granted, state the exact name in which it should be registered at the present time.
Individual's name or individual's name followed by firm name.

10. Record of refrigeration experience/education needed to qualify for a refrigeration contractor examination. The experience must be relevant to the type of license you are applying for. Up to one-half the experience may be in academic or technical training directly related to the field of endeavor for which the examination is being requested. Veterans and veterans' spouses have additional ways of qualifying for the exam (see 21 NCAC 60 .0214 or visit our website: <http://refrigerationboard.org/exam/military.html>).

(a) Education:

Name of school/location where refrigeration training obtained_____

Course name or description_____

Actual number of contact hours _____ Type of Degree: Diploma (1 year) ____ Associate (2 years) ____

(b) Experience Record: Please list where you obtained your experience, providing description of the work performed, as well as employment dates, firm name, address and phone number, name of supervisor and number of hours obtained. (attach additional pages, if needed)

DATE		FIRM NAME; NAME, ADDRESS, AND PHONE NUMBER OF SUPERVISOR	NUMBER OF HOURS
FROM	TO		

(c) Are you a veteran or in active duty? Yes ____ No ____ Are you the spouse of a veteran? Yes ____ No ____

11. The \$100.00 payable to the State Board of Refrigeration Examiners is a nonrefundable fee deposit for your exam. (Re: G.S. 87-64)

Method of Payment: ____ Check ____ Money Order ____ Credit Card

Card Number: _____

Expiration: _____ Code: _____

Total Amount \$_____

My signature and license number will appear on all refrigeration contracts and I will exercise general supervision of all work done thereunder.

I do hereby certify that the statements made above are true and correct to the best of my knowledge and belief. I understand that any false information given is grounds for revocation of license.

(Signature of Applicant) (Date)

Mail Application To: State Board of Refrigeration Examiners
1027 US Highway 70 West, Suite 221
Garner, North Carolina 27529

SUPERVISOR'S STATEMENT

(This page to be completed by persons who supervised applicant)

Notice to Licensee/Employer regarding experience: In order for the Board to maintain appropriate standards of competence for new licensees, it is important that extreme care be exercised in verifying an applicant's experience. The Board reserves the right to review, if necessary, all employment records prior to making a final determination of the applicant's experience. If any former employee asks that you sign a form verifying his/her work experience so as to qualify for an examination, you must complete these forms to the extent of your knowledge. An unjustified refusal to sign appropriately documented forms provided by the applicant will lead to an appearance before a Board review official.

The Board understands that on occasion employees are dismissed due to lack of skill, tardiness, substance abuse, theft or other reasons. In such circumstances, you may wish to provide additional information to the Board by separate letter. The Board will consider all such information within the limits of its duty and authority.

The person listed below is applying for a North Carolina refrigeration contractor examination. A minimum of 4000 hours of refrigeration experience is required before an application may be accepted by the NC State Board of Refrigeration Examiners. This experience must have been acquired while engaged actively and directly in the installation, maintenance, servicing and repairing of commercial, transport, or industrial refrigeration equipment. Qualifying experience must have been acquired while working under the supervision of person(s) holding a valid refrigeration contractor's license, registered professional engineer or equivalent*.

If applying for multiple types of refrigeration licenses, such as Commercial and Industrial, this page must be filled out for each type of license.

I certify that _____ has acquired a total of _____ hours of refrigeration experience while working under my supervision. He has engaged in the installation ____, maintenance ____, service ____, or repair ____ of commercial ____, transport ____, or industrial ____ refrigeration equipment while working under my supervision. The experience was acquired between the following dates: _____ to _____ (Do not list any comfort cooling experience.)

Briefly list job description

Name, address and telephone number where applicant's refrigeration experience was acquired:

Firm _____

Mailing Address _____

Telephone Number _____

Supervisor's Qualifications: Licensed Refrigeration Contractor ____; Registered Professional Engineer ____; Equivalent* ____

(Print Supervisor's Name) (License No.) (State)

Address of Supervisor	City	State	Zip	Telephone No.
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If you checked equivalent*, please list your technical School or College training in refrigeration _____ years

Name and Address of School Attended:

I have had _____ years of full time field experience in commercial refrigeration.

Comments:

Signature of Supervisor

Date

*Equivalent means that in the judgment of the Board, a person has sufficient refrigeration training and experience to be proficient in the installation, maintenance, service and repairing of commercial refrigeration equipment.

PLEASE MAKE COPIES OF THIS PAGE IF ADDITIONAL STATEMENTS ARE NEEDED

Complete this affidavit only if the supervisor's statement is not completed.

AFFIDAVIT

State of _____

County of _____

_____, being first duly sworn, deposes and says:
(Print name of applicant)

1. I have read and understand Rules .0207 of Title 21, Chapter 60 of the North Carolina Administrative Code.

2. If you are not able to furnish a supervisor's statement, please explain to the Board why you cannot furnish such a statement

3. I have acquired at least 4000 hours of refrigeration experience* in commercial, industrial, or transport refrigeration. My refrigeration experience was acquired while employed with the following person(s) or firm(s). (Up to one-half the experience may be in academic or technical training directly related to the field of endeavor for which the exam is requested.)

(a) _____
(Name of person or firm) (Address)

(City) (State) (Zip) (Telephone Number)

From _____ to _____
(Dates of Employment) (My duties with the firm)

(b) _____
(Name of person or firm) (Address)

(City) (State) (Zip) (Telephone Number)

From _____ to _____
(Dates of Employment) (My duties with the firm)

(c) Comments:

This _____ day of _____

SIGNATURE: _____

Sworn and subscribed before me,

this _____ day of _____

Notary Public

My commission expires: _____

*Do not list any comfort cooling or air conditioning experience.

**Equivalent means that, in the judgment of the Board, a person has had sufficient refrigeration training and experience to be proficient in the installation, maintenance and repairing of commercial refrigeration equipment.