Alabama Board of
Heating, Air Conditioning & Refrigeration Contractors
8 Commerce St. Suite 200
PO Box 305025
Montgomery, AL 36130-5025
(334) 241-0840
www.hacr.alabama.gov

EMPLOYER VERIFICATION OF WORK HISTORY

Name of Applicant

Mailing Address

City State Zip Code

Number of Years Employed with Certified Contractor Home Phone Number

Business Phone Cell Phone Fax Number

Name of Certified Contractor Certification Number

I declare under penalty of perjury, under the laws of the State of Alabama, that all statements contained in this Verification of Work History are true and correct with full knowledge that all statements made on this form are subject to investigation and that any false statements or dishonest answers to any question may be grounds for suspension of my certification by the Board of Heating, Air Conditioning and Refrigeration Contractors.

Signature of Certified Contractor:_____ Date_____

Sworn and subscribed to me this the _____ day of 20_____.

_____
Notary Public

My commission expires: _____