



STATE OF ALABAMA
**BOARD OF HEATING, AIR CONDITIONING
 AND REFRIGERATION CONTRACTORS**

8 Commerce Street, Suite 200
 PO Box 305025
 Montgomery, Alabama 36130-5025
 (334) 241-0840



Dr. Robert Bentley
 GOVERNOR

Fax: (334) 265-0570
 www.hacr.alabama.gov

Kathy S. LeCroix
 EXECUTIVE DIRECTOR

HVAC BUSINESS NAME CHANGE FORM

Use only to change the name on your HVAC license
DO NOT USE FOR REFRIGERATION

New Business Name _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Physical Location _____

Old Business Name _____

Business Phone _____ Cell Phone _____ Fax Number _____

This business is conducted in the following manner: (*circle one*) Individual Partnership LLC Corporation

The following individual(s) is regularly employed or is the sole owner of this organization and is the RESPONSIBLE IN CHARGE as defined in Code of Alabama 1975, Section 34-31-18 to 34 et. Seq. (Act 2009-486

LIST OF CERTIFIED CONTRACTORS

Each contractor will need to complete a separate form.

Name

Certification Number

I wish to inform the Board the name listed above is a bona fide active heating and air conditioning organization as described on this information sheet and that all information hereby submitted is complete and accurate.

Responsible in charge, sign here: _____ Date: _____

MUST SURRENDER CURRENT LICENSE CARD

CHANGE OF BUSINESS NAME FEE IS \$25.00 PER CONTRACTOR

If you wish to pay by Credit Card enter the information below

Check One: Master Card Visa Signature _____ Expiration Date _____

CARD NUMBER: _____