

**WEST VIRGINIA DIVISION OF LABOR**  
**1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200**  
**Charleston, WV 25305**

Telephone: (304) 558-7890

Facsimile: (304) 558-5174

**HVAC Technician License Application / Affidavit**

**General Information: (Please Print)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
                    First                    Middle Initial                    Last

Last Four Digits of your SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

Have you ever been a certified Technician in WV? Yes  No  If yes, License #: \_\_\_\_\_

**Type of License: (Please mark appropriate classification for which you are applying)**

**Technician** (I certify I have at least two thousand (2,000) hours of experience and/or training working on HVAC systems and at least six thousand (6,000) hours of experience and/or training in HVAC systems and relating work which includes other sheet metal industry tasks)

**Technician in Training** (I understand I am required to work under the direction and control of a licensed HVAC Technician when performing HVAC work) (***No Examination Required***)

**Examination:** A Technician is required to submit their examination score report with this application/affidavit.

\_\_\_\_\_  
(Date of Examination)

\_\_\_\_\_  
(Score)

**Fee: Technician - \$75.00**

**Technician in Training - \$50.00**

*The fee (\$75.00) for a Technician will be waived if you have a current WV Contractor Licensing Board license with the **HVAC** classification and are an owner and the **HVAC** qualifier. Enter License #:*

*Please attach a check, certified check, cashier's check or money order made payable to the West Virginia Division of Labor, **NO CASH PLEASE.***

The undersigned hereby certifies under penalty of perjury that information provided on this application / affidavit is true to the best of my knowledge and belief and that I realize that making a false statement may result in loss of my license.

Signature: \_\_\_\_\_  
(Applicant's Signature)

Date: \_\_\_\_\_

Subscribed and sworn to before me, the undersigned Notary Public this \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_. My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public