

WEST VIRGINIA DIVISION OF LABOR
1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200
Charleston, WV 25305
Email: Licensing@wv.gov - Fax: (304) 558-5174 - Telephone: (304) 558-7890

HVAC Technician Certification 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 licensed as a Technician in WV before? 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 HVAC experience, training and/or work)

Residential Technician

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

Examination: A Technician or Residential Technician is required to submit an examination score report with this application/affidavit.

_____ (Date of Examination) _____ (Score)

Fee: Technician - \$75.00 - Residential Technician - \$60.00 - Technician in Training - \$25.00

*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: _____ Date: _____
(Applicant's Signature)

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

20 _____. My commission expires _____.

Notary Public