

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 Residential Technician Certification Application/Affidavit

General Information: (Please Print)

Name: _____ Phone #: _____
(First - Middle Initial - Last)

Social Security Number: _____ 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:

HVAC Residential Technician

I certify I have at least two thousand hours (2,000) of experience and/or training working on HVAC systems.

Please submit any documentation proving experience and/or training with this application.

(No Examination Required)

Examination: On and after January 1, 2020, All HVAC Residential Technician Applicants will be required to submit an examination score report.

(Date of Examination)

(Score)

Fee: HVAC Residential Technician - \$60.00

*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