

**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 - \$50.00 - 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