

STATE BOARD OF REFRIGERATION EXAMINERS



APPLICATION FOR REFRIGERATION EXAMINATIONS

(Please print legibly or type all information)

I hereby apply for examination to qualify for license to engage in the business of commercial or transport refrigeration contracting in the State of North Carolina. I have read and understand the refrigeration experience requirement. (21 NCAC 60.0206-.0207).

1. Personal (Applicants must include full name and not an initial)

Name: First _____ Middle _____ Last _____

Date of Birth _____ Social Security Number _____

Mailing Address

(Board mail will be sent here) Street City State Zip

Home Phone _____ Cell Phone _____

E-mail address _____

2. Current Employer _____

Work Physical Address

(If different from mailing address) Street City State Zip

Work Phone _____ Work Fax _____

3. Please indicate examination: _____ Commercial Refrigeration _____ Transport Refrigeration

4. Do you hold a current transport refrigeration license? Yes _____ No _____ If yes, what is your license number? _____

5. What is your CFC Certification Number? _____; Type of Certification _____

Issued by _____; Date of Issuance _____

6. Have you ever been licensed by any other licensing board in North Carolina, or in any other state or municipality? Yes _____ No _____

If yes, what licenses do you hold? _____

7. Have you ever had an occupational license evoked or suspended? Yes _____ No _____ if yes, attach a statement giving complete details

8. Have you ever taken the examination for a NC Refrigeration Contractor's License? Yes _____ No _____

If so, when _____ where _____ did you pass _____

9. Each license is issued to the individual who qualifies. If a license is granted, state the exact name in which it should be registered at the present time. Individual's name or individual's name followed by firm name. Also include address where all correspondence should be sent.

10. Record of refrigeration experience/education needed to qualify for a refrigeration contractor examination. (Complete if you do not hold a current transport refrigeration license.)
 NOTE: Up to one-half the experience may be in academic or technical training directly related to the field of endeavor for which the examination is being requested.

(a) Education: Name of school and location where refrigeration training obtained _____

Course name or description _____

Actual number of contact hours _____ Type Degree: Diploma (1 year) ____ Associate (2 years) ____

(b) Experience Record: Please list where you obtained your experience, providing description of the work performed, as well as employment dates, firm name, address and phone number, name of supervisor and number of hours obtained. (attach additional pages, if needed)

DATE		NAME, ADDRESS AND PHONE NUMBER OF SUPERVISOR AND BRIEF DESCRIPTION OF WORK	NUMBER OF HOURS
FROM	TO		

11. The \$40.00 payable to the State Board of Refrigeration Examiners is a nonrefundable fee deposit for the next regular exam. (Re: G.S. 87-64) If an applicant passes the examination, this deposit covers the license fee for the current calendar year.

Method of Payment: Check Money Order VISA MasterCard

Card # _____ Exp. Date _____ Verification Code _____

Name on Card _____ Signature _____

My signature and license number will appear on all refrigeration contracts and I will exercise general supervision of all work done thereunder.

I do hereby certify that the statements made above are true and correct to the best of my knowledge and belief. I understand that any false information given is grounds for revocation of license.

 (Signature of Applicant)

 (Date)

Mail Application To: State Board of Refrigeration Examiners
 889 Highway 70 W., Garner, NC 27529

(Do not write below this line)

Date Application Received _____

Date Examination Passed _____

Date Application Approved _____

Date Examination Failed _____

Date License Issued _____

Date Application Rejected _____

License Number

(Not to be completed for persons holding valid transport refrigeration contractor licenses)

SUPERVISOR'S STATEMENT
(This page to be completed by persons who supervised applicant)

Notice to Licensee/Employer regarding experience. In order for the Board to maintain appropriate standards of competence for new licensees, it is important that extreme care be exercised in verifying an applicant's experience. The Board reserves the right to review, if necessary, all employment records prior to making a final determination of the applicant's experience. If any former employee asks that you sign a form verifying his/her work experience so as to qualify for an examination, you must complete these forms to the extent of your knowledge. An unjustified refusal to sign appropriately documented forms provided by the applicant will lead to an appearance before a Board review official.

The Board understands that on occasion employees are dismissed due to lack of skill, tardiness, substance abuse, theft or other reasons. In such circumstances, you may wish to provide additional information to the Board by separate letter. The Board will consider all such information within the limits of its duty and authority.

The person listed below is applying for a North Carolina refrigeration contractor examination. A minimum of 4000 hours of refrigeration experience is required before an application may be accepted by the NC State Board of Refrigeration Examiners. This experience must have been acquired while engaged actively and directly in the installation, maintenance, servicing and repairing of commercial, industrial or institutional refrigeration equipment. Qualifying experience must have been acquired while working under the supervision of person(s) holding a valid refrigeration contractor's license, registered professional engineer or equivalent*.

1. I certify that _____ has acquired a total of _____ hours of refrigeration experience while working under my supervision. He has engaged in the installation ____, maintenance ____, servicing ____, or repairing ____ of the following types of refrigeration equipment: commercial ____, industrial ____, institutional ____, or transport ____ while working under my supervision. The experience was acquired between the following dates: _____ to _____ (Do not list any comfort cooling experience.)

Briefly list job description _____

Name, address and telephone number where applicant's refrigeration experience was acquired:

Firm _____

Mailing Address _____

Telephone Number _____

Supervisor's Qualifications: Licensed Refrigeration Contractor ____; Registered Professional Engineer ____; equivalent* ____

(Print Supervisor's Name) (License No.) (State)

Address of Supervisor City State Zip Telephone No.

If you checked equivalent*, please list your technical School or College training in refrigeration _____ years

Name and Address of School Attended: _____

I have had _____ years of full time field experience in commercial ____, industrial ____, institutional ____ or transport refrigeration.

Comments:

Signature of Supervisor

Date

*Equivalent means that in the judgment of the Board, a person has sufficient refrigeration training and experience to be proficient in the installation, maintenance, service and repairing of commercial, industrial or institutional refrigeration equipment.

Complete this affidavit only if the supervisor's statement is not completed.

AFFIDAVIT

State of _____

County of _____

_____, being first duly sworn, deposes and says:
(Print name of applicant)

1. I have read and understand Rules .0206 and .0207 of Title 21, Chapter 60 of the North Carolina Administrative Code. A copy of these rules was sent to me by the State Board of Refrigeration Examiners.

2. If you are not able to furnish a supervisor's statement, please explain to the Board why you cannot furnish such a statement

3. I have acquired at least 4000 hours of refrigeration experience* in: commercial , industrial , institutional , transport , refrigeration. My refrigeration experience was acquired while employed with the following person(s) or firm(s). (Up to one-half the experience may be in academic or technical training directly related to the field of endeavor for which the exam is requested.)

(a) _____
(Name of person or firm) (Address)

(City) (State) (Zip) (Telephone Number)

From _____ to _____
(Dates of Employment) (My duties with the firm)

(b) _____
(Name of person or firm) (Address)

(City) (State) (Zip) (Telephone Number)

From _____ to _____
(Dates of Employment) (My duties with the firm)

(c) Comments: _____

This _____ day of _____

SIGNATURE: _____

Sworn and subscribed before me,

this _____ day of _____

Notary Public

My commission expires: _____

***Do not list any comfort cooling or air conditioning experience.**
****Equivalent means that, in the judgment of the Board, a person has had sufficient refrigeration training and experience to be proficient in the installation, maintenance and repairing of commercial, industrial or institutional refrigeration equipment.**