



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Education & Examination Division

P.O. Box 12157 • Austin, Texas 78711 (512) 463-6599 • (800) 803-9202 • FAX (512) 463-1512

exam.sme.app@tdlr.texas.gov www.tdlr.texas.gov

APPLICATION FOR THE TEXAS AIR CONDITIONING & REFRIGERATION EXAMINATION DEVELOPMENT COMMITTEE

PLEASE PRINT

Applicant Name		Business Name	
Business Address		Email Address	
City, State & Zip		Business Phone	Alt #

List All HVACR Related Licenses Numbers/Certificates	State/Date Licensed	Years Held	Active/Inactive
a.			
b.			
c.			

List Any Other Certifications, Contributions, or Other Qualifications You Want TDLR to Consider: (YOU MAY SUBMIT AN ATTACHMENT TO YOUR APPLICATION, AS NEEDED.)

Do You Now or Have You Ever Taught an HVACR Exam Prep Class? (YOU MAY SUBMIT AN ATTACHMENT TO YOUR APPLICATION, AS NEEDED.)

YES NO

List Class Titles and Dates:

If selected for the Texas Air Conditioning & Refrigeration Examination Development Committee, I understand that considerable effort is required, and that appointment carries an obligation to regularly attend meetings, and actively participate in the development of examination content. I agree to abide by the rules and policies of the Texas Department of Licensing and Regulation and, the examination development vendor, and to notify the Department of any change in the information provided on this application, including change in employment.

As a condition of service on this Committee I agree to maintain the security of all examination content. I will not provide any examination content to another person. I may participate in courses, programs or activities to assist individuals in the preparation for the Air Conditioning & Refrigeration examination(s). However, I shall uphold and abide by the confidential copyrighted materials contained in the examination(s). I understand that my contribution to the development and validation of examination content is the sole property of the Texas Department of Licensing and Regulation. **Due by June16, 2017.**

All the information provided in this application for Texas Committee appointment is true and accurate.

Applicant Signature _____ Date _____