



HVACR BOARD
ARKANSAS DEPARTMENT OF LABOR AND LICENSING
 900 W Capitol, Suite 400, Little Rock, Arkansas 72201
 Phone 501-682-9201 TDD 800-285-1131
www.labor.arkansas.gov
 EMAIL: adll.hvac@arkansas.gov

CLASSIFICATION OF LICENSES

- (1) Class A - Entitles the licensee to perform HVACR work without limitation to BTUH or horsepower capacities;
- (2) Class B - Entitles the licensee to perform HVACR work on air conditioning systems that develop a total of not more than 15 tons cooling capacity per unit or 1 million BTUH heating input per unit and refrigeration systems of 15 H.P. or less per unit;
- (3) Class C - Entitles the licensee, who is in the business of servicing and repairing heating, ventilation, air conditioning or refrigeration equipment for the public to service, repair or replace components of HVACR equipment and to perform HVACR work on air conditioning systems that develop a total of not more than 15 tons cooling capacity per unit or 1 million BTUH heating input per unit and refrigeration systems of 15 horsepower or less per unit. A Class C license holder shall not install any original HVACR equipment or replace any existing HVACR equipment.
- (4) Class D – Entitles the licensee to perform “Sheetmetal” work as it relates to ductwork for HVACR systems without regard to or limitation of horsepower of the system to which the duct connects. The licensee in this category is prohibited from the sale, installation and service of HVACR equipment and systems.
- (5) Class E – Entitles the licensee to perform “Refrigeration” work as defined in Ark. Code 17-33-101 without regard to or limitation of horsepower. The licensee in this category is prohibited from the sale, installation and service of heating and air conditioning equipment used for the treatment of air for human comfort requirements.

QUALIFICATIONS AND APPLICATION FOR LICENSURE

- (1) Applicants for Class A, B, C, D or E licensure shall be at least (18) years of age.
- (2) Applicants must make application to the department on forms prescribed by the Board.
- (3) The Board shall approve an applicant for Class A, B, C, D or E licensure with examination provided that the applicant is currently licensed as a in another state or political subdivision of that state or territory, or district of the United States with which the Board has no reciprocity, but whose HVAC/R licensing laws are substantially similar to those of the State of Arkansas and:
 - 1) Holds his or her occupational licensure in good standing;
 - 2) Has not had his or her occupational licensure revoked for and an act of bad faith, a violation of law, rule, or ethics and is not holding a suspended or probationary license from any state, territory, or district of the United States;
 - 3) Is sufficiently competent in his or her field, and;
 - 4) Pays the required license fee. In no case shall apprenticeship, education, or training be a prerequisite or condition for licensure. In this section, “substantially similar” license means an occupational license from another state or political subdivision of that state or territory, or district of the United States that has adopted a national model mechanical code and utilizes a comprehensive examination created and proctored by a national examination agency or equivalent.
- (4) Applicants for licensure must pass a Board approved examination if the candidate for licensing does not hold licensing in another state or political subdivision of that state or territory, or district of the United States.
- (5) Applicants for licensure with no licensing background shall present satisfactory evidence of having at least two (2) years experience as an HVACR contractor or an employee of an HVACR contractor. The Board may substitute HVACR related educational training for experience provided that the educational training is approved by the Board. Copies of educational transcripts shall be provided prior to Board consideration.
 - a. The Board shall use the least restrictive requirements by allowing the licensing candidate to show proof of experience in the form of records, affidavits, or bona-fide evidence from current or former employers, or persons who can attest to the applicant’s work background as an HVACR contractor.
 - b. In no case shall apprenticeship, education, or training be a prerequisite or condition for licensure.
- (6) A designated license holder is the Class A, B, C, D or E licensee who is responsible for the HVACR work performed. Employees of the designated license holder shall be a registrant, unless otherwise exempt. The designated license holder shall be solely responsible to maintain the registration of all employees required to be registered under Ark. Code 17-33-303(d) (3) and these rules.
- (7) A person who designs HVACR systems, as a service to a licensee and does not charge for that service is not required to obtain an HVACR license.

License Fees- Do not submit payment until instructed by the HVAC/R BOARD

License Type	Fee
Class A	\$ 200.00
Class B	\$ 150.00
Class C	\$ 100.00
Class D	\$ 150.00
Class E	\$ 150.00



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HVACR LICENSE APPLICATION

Do not send payment with application.			
License Information			
<input type="checkbox"/> Class A (Unlimited) <input type="checkbox"/> Class B (Limited to 15 Tons) <input type="checkbox"/> Class C (Service Only) <input type="checkbox"/> Class D (Ductwork Only) <input type="checkbox"/> Class E (Refrigeration Only)			
Applicant Information			
Last Name:		First:	Middle:
Street Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Phone:		Email Address:	
SSN:		DOB: (mm/dd/year)	
Are you currently a registrant in Arkansas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list employer and registrant number below.			
Employer:		Registrant #:	
ACT 820: (Check all that apply) Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a current member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you <input type="checkbox"/> or your spouse <input type="checkbox"/> a veteran of the U.S. Military?			
Act 990: Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of conviction name of court and the type of conviction below. <u>(Do Not Provide Court Documents or Sentencing Agreements.)</u> Conviction Statute: Date of Conviction: Name of Court: Date Probation Ends:			
Act 725: any applicant can request an initial license fee waiver if: <i>(Check All Applicable Boxes.)</i> <input type="checkbox"/> Receives Assistance through the Arkansas Medicaid Program <i>(Provide copy of current enrollment.)</i> <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women Infants and Children: <i>(Provide proof of current enrollment.)</i> <input type="checkbox"/> Temporary Assistance for Needy Families Program or the Lifeline Assistance Program. <i>(Provide proof of enrollment.)</i> <input type="checkbox"/> Approved for unemployment compensation in the last twelve (12) months <i>(Provide proof of benefits from the Department of Workforce Services.)</i> <input type="checkbox"/> Has an income that does not exceed two hundred percent (200%) of the federal poverty limit. <i>(Submit tax return for previous year.)</i>			
My signature of this application acknowledges it is my responsibility to keep the HVAC/R Section of the Arkansas Department of Labor and Licensing advised of my current address, phone and employer.			
Printed Name:		Signature:	Date:

ADLL Office Only:
Received By:
Date Received:
Reviewed By:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:
Notes:



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ATTENTION! INCOMPLETE FORMS WILL NOT BE ACCEPTED!			
APPLICANT INFORMATION			
A SEPERATE AFFIDAVIT MUST BE COMPLETED FOR EACH EMPLOYER WORK EXPEREICED IS CLAIMED			
Applicant Name	First:	Last:	Middle:
Applicant Address:		City:	State: Zip:
Email:		Phone:	
Dates of Employment Verification (MM/YYYY):	From:	To:	
EMPLOYER VERIFICATION OF WORK			
First Name:	Last Name:	Middle Initial:	
License Type:	License #:	Email:	
Company Name:		Phone:	
Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Dates of Employment Verification (MM/YYYY):	From:	To:	
Applicant Job Duties: (Be Specific)			

Number of hours in each work area:

Type of Work	Hours Completed
Residential:	
Commercial:	
Refrigeration:	
Ductwork:	
Total Hours Worked	

I _____ STATE UNDER OATH OR AFFIRM THE ABOVE AND FOREGOING EMPLOYMENT HISTORY IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 EMPLOYER'S SIGNATURE

 EMPLOYER'S NAME (PLEASE PRINT)

 NAME OF COMPANY

 TITLE

Subscribed and sworn to be before me this,

_____ day of _____, 20__

 Notary Public