

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Occupational and Professional Licensing Administration**

**DC RA LIC02**



**Board of Industrial Trades – Refrigeration and Air Conditioning**

**NEW LICENSE APPLICATION**

Please read instructions before completing this form. If you have any questions, call Pearson VUE's toll-free Customer Service line at **1-877-540-5834** Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

**SECTION 1. REQUESTED LICENSE TYPE/FEEES (includes non-refundable application fee – see instructions)**

<p>Method (Origin) of Application: (Check only one)</p> <table style="width:100%;"> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">Description</th> </tr> <tr> <td>(E) <input type="checkbox"/></td> <td>Examination</td> </tr> <tr> <td>(R) <input type="checkbox"/></td> <td>Re- Examination</td> </tr> <tr> <td>(D) <input type="checkbox"/></td> <td>Designation</td> </tr> <tr> <td>(O) <input type="checkbox"/></td> <td>Other</td> </tr> </table>	Code	Description	(E) <input type="checkbox"/>	Examination	(R) <input type="checkbox"/>	Re- Examination	(D) <input type="checkbox"/>	Designation	(O) <input type="checkbox"/>	Other	<p>(See page 4-5 of Instructions for License Type and Fee Listing to complete below.)</p> <p>Requested License Type:</p> <p>Code _____ Description _____ \$ _____.00</p> <p>Requested Specialty:</p> <p>Code _____ Description _____ \$ _____.00</p> <p><input type="checkbox"/> Duplicate Licenses _____ X \$30.00 = \$ _____.00</p>	
Code	Description											
(E) <input type="checkbox"/>	Examination											
(R) <input type="checkbox"/>	Re- Examination											
(D) <input type="checkbox"/>	Designation											
(O) <input type="checkbox"/>	Other											
<p>Make check or money order payable to <b>Pearson VUE</b> and mail to:</p> <p>PEARSON VUE Department DC – RA Metro-Plex I, Suite 250 8401 Corporate Drive Landover, MD 20785</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">PEARSON VUE ONLY</th> <th rowspan="2" style="text-align: right;">Total Enclosed \$ _____.00</th> </tr> <tr> <th style="text-align: center;">Check \$</th> <th style="text-align: center;">Ck #</th> <th style="text-align: center;">Clerk</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$ _____.00</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	PEARSON VUE ONLY			Total Enclosed \$ _____.00	Check \$	Ck #	Clerk	\$ _____.00			
PEARSON VUE ONLY			Total Enclosed \$ _____.00									
Check \$	Ck #	Clerk										
\$ _____.00												

**SECTION 2. APPLICANT OR COMPANY NAME/DEMOGRAPHIC INFORMATION**

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete the "Previous Names" section of this application. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME _____	MI _____	LAST NAME _____	SUFFIX (Jr, Sr, etc.) _____
_____-_____-_____-_____-_____- SOCIAL SECURITY NUMBER*/FEIN	M M    D D    Y Y Y Y _____ DATE OF BIRTH		
_____ PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of birth.		<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER Please check the correct box.	

\* Due to an amendment to the D.C. laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code §2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business or Victim of an Intra-Family Offense (domestic violence). Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

NOTICE OF MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

NOTICE OF FRAUD, CORRUPTION AND WASTE

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

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**SECTION 3. PREVIOUS NAMES**

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by:  Marriage  Divorce  Court Order

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
Changed to current name by:  Marriage  Divorce  Court Order (Jr, Sr, etc.)

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
Changed to current name by:  Marriage  Divorce  Court Order (Jr, Sr, etc.)

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
Changed to current name by:  Marriage  Divorce  Court Order (Jr, Sr, etc.)

\_\_\_\_\_  
FIRST NAME MI LAST NAME SUFFIX  
(Jr, Sr, etc.)

**SECTION 4A. HOME ADDRESS**

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

\_\_\_\_\_  
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE ZIP CODE + 4 EMAIL ADDRESS

\_\_\_\_\_  
HOME PHONE NUMBER HOME FAX NUMBER

**SECTION 4B. BUSINESS ADDRESS**

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

\_\_\_\_\_  
COMPANY NAME

APARTMENT  SUITE  FLOOR  PO BOX NUMBER \_\_\_\_\_

\_\_\_\_\_  
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE ZIP CODE + 4 EMAIL ADDRESS

\_\_\_\_\_  
BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

**SECTION 4C. PREFERRED MAILING ADDRESS**

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

HOME  BUSINESS

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**SECTION 5A. PROFESSIONAL SCHOOLS ATTENDED**

List all colleges and universities attended prior to and including trade or professional schools. List in reverse chronological order, beginning with the most recent at the top. Attach additional sheets if necessary. If required in the application instructions, you must provide a sealed transcript.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

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**SECTION 5B. WORK EXPERIENCE**

List all work experience since graduation from the education program required for the license for which you are applying. List in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

\* TYPE OF POSITION KEY:

- |                                   |                        |  |
|-----------------------------------|------------------------|--|
| A. Internship                     | D. Apprenticeship      | G. Contractor                                      |
| B. Private Practice/Self-Employed | E. Journeyman/Operator | H. Instructor                                      |
| C. Employment                     | F. Master/Manager      | I. Other (attach a typed explanation to this form) |

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ONLY**

**SECTION 5C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS**

List all states and jurisdictions in which you have ever held a similar professional license. If required in the application instructions, you must request and provide verification of licensure for all of these licenses, past and/or present.

Jurisdiction	Date License Was First Obtained	License Number

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**SECTION 6. QUESTIONS – Applicant MUST answer all of the following questions.**

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions B through J below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

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ONLY**

A. I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. Do you owe any outstanding debt to the District government as a result of any past due child support payments as stipulated in the "Child Support and Welfare Reform Compliance Amendment Act of 2000" (DC Law 13-269, DC Code §46-225.01)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever been licensed in DC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever been licensed in any other state/jurisdiction? (If "Yes," be sure to complete the "Professional Licenses in Other States/Jurisdictions" section of this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. Have you withdrawn an application to practice your profession in DC or any other state/jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

**SECTION 7. APPLICANT AFFIDAVIT**

*I, being duly sworn, depose and say that the information given in this application, including all writings and exhibits attached hereto, is true and complete.*

_____	_____	_____	<b>PEARSON VUE ONLY</b> <input type="checkbox"/>
APPLICANT SIGNATURE	NAME (Please Print)	DATE	

*Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the affiant, who personally appeared before me.*  
(Month) (Year)

_____	_____	_____	<b>PEARSON VUE ONLY</b> <input type="checkbox"/>
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	(SEAL)	

**SECTION 8. SPONSOR'S AFFIDAVIT**

_____	_____	_____	<b>PEARSON VUE ONLY</b> <input type="checkbox"/>
SPONSOR'S SIGNATURE	NAME (Please Print)	DATE	
_____			
SPONSOR'S LICENSE PREFIX AND NUMBER			

**PEARSON VUE ONLY**

Board approval date (mm/dd/yyyy): \_\_\_\_\_

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SECTION 9. SUPPORTING DOCUMENTS REQUIRED			PEARSON VUE ONLY
Please indicate the supporting documents you have included with this package or requested to be sent to Pearson VUE on behalf of your professional licensing Board. Keep a photocopy of all supporting documents for your records.			
A. All applicants <u>except</u> Contractor applicants: Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots of computer photographs are not acceptable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. All applicants <u>except</u> Contractor applicants: Notarized Employment Verification Letters on company letterhead.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. If Journeyman, Master or Designated Master applicant: Completed DC Examination Scheduling Form (with one photo attached).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. If Journeyman, Master or Designated Master applicant: Copy of W-2s for proof of work history.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. If Master or Designated Master applicant is self-employed: Verification of Licensure (Form B) completed by the state in which the license was issued.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. If Designated Master or Contractor applicant: Completed Bond Form (in the amount specified in instructions) and the expiration of the bond(s) must coincide with the expiration of your license, i.e. 09/30 (EVEN year). The Power of Attorney form must be attached to the bond(s) signed and sealed by the Attorney-in-Fact.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. If Designated Master or Contractor applicant: Completed Contractor/Designated Master Form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. If Contractor applicant's home address is outside the District of Columbia: Completed Local Representative Affidavit.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. If Contractor applicant: ORIGINAL Certificate of Good Standing for your corporation/partnership.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. If Contractor applicant: Completed Contractor Name(s) Certification Form to verify that ALL outstanding permits have been completed.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
K. If applicant has ever been or is currently licensed in another state/jurisdiction: Verification of Licensure Form completed by that state/jurisdiction.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
L. If Apprentice applicant: Completed Verification of School Enrollment Form from an approved school. Form must include the school's seal.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
M. If Journeyman applicant: Copy of Apprenticeship Program Certificate OR notarized copy of Graduation Certificate in a sealed envelope directly from the school.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
N. If applicant's name has changed since attending high school: Copies of legal documents supporting all name changes.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
O. Copy of government-issued ID, which must be submitted as a supporting document.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
P. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
Q. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
R. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
S. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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**PEARSON VUE ONLY – EXAM RESULTS**

EXAM #1	EXAM #2
Exam Name/ID: <input style="width: 100%;" type="text"/>	Exam Name/ID: <input style="width: 100%;" type="text"/>
Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>	Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>
Raw Score: <input style="width: 50%;" type="text"/>	Raw Score: <input style="width: 50%;" type="text"/>
Converted Score: <input style="width: 50%;" type="text"/>	Converted Score: <input style="width: 50%;" type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input style="width: 100%;" type="text"/>	Exam Part/ID: <input style="width: 100%;" type="text"/>
Raw Score: <input style="width: 50%;" type="text"/>	Raw Score: <input style="width: 50%;" type="text"/>
Converted Score: <input style="width: 50%;" type="text"/>	Converted Score: <input style="width: 50%;" type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
EXAM #3	EXAM #4
Exam Name/ID: <input style="width: 100%;" type="text"/>	Exam Name/ID: <input style="width: 100%;" type="text"/>
Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>	Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>
Raw Score: <input style="width: 50%;" type="text"/>	Raw Score: <input style="width: 50%;" type="text"/>
Converted Score: <input style="width: 50%;" type="text"/>	Converted Score: <input style="width: 50%;" type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input style="width: 100%;" type="text"/>	Exam Part/ID: <input style="width: 100%;" type="text"/>
Raw Score: <input style="width: 50%;" type="text"/>	Raw Score: <input style="width: 50%;" type="text"/>
Converted Score: <input style="width: 50%;" type="text"/>	Converted Score: <input style="width: 50%;" type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
EXAM #5	EXAM #6
Exam Name/ID: <input style="width: 100%;" type="text"/>	Exam Name/ID: <input style="width: 100%;" type="text"/>
Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>	Exam Date: (mm/dd/yyyy) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>
Raw Score: <input style="width: 50%;" type="text"/>	Raw Score: <input style="width: 50%;" type="text"/>
Converted Score: <input style="width: 50%;" type="text"/>	Converted Score: <input style="width: 50%;" type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Exam Part/ID: <input style="width: 100%;" type="text"/>	Exam Part/ID: <input style="width: 100%;" type="text"/>
Raw Score: <input style="width: 50%;" type="text"/>	Raw Score: <input style="width: 50%;" type="text"/>
Converted Score: <input style="width: 50%;" type="text"/>	Converted Score: <input style="width: 50%;" type="text"/>
Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/>

# NOTICE

This application for licensure in the District of Columbia is provided to you in a ***new interactive format***. This application form **can** be filled out online, but the form **cannot** be submitted electronically. You must print out the completed form and submit with all other required documentation listed in the application instructions section of the new license package.

Please note the following instructions for completing your application form:

- Fill out your application information online.
- Print and notarize your completed application form.
- Mail the application, along with all required supporting documents and applicable fees, to Pearson VUE at the address listed on the application.

Should you encounter any problems with completing the application form online, we welcome your questions and feedback. We encourage our customers to contact us by **email**, or by dialing the toll-free number listed on the application.

**[Proceed to the application.](#)**