



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

EMAIL: customerservice.dpr@state.de.us

BOARD OF PLUMBING, HEATING, VENTILATION, AIR CONDITIONING & REFRIGERATION EXAMINERS

MASTER HVACR RESTRICTED – REQUEST FOR ADDITIONAL SPECIALTY(IES)

INSTRUCTIONS

When to File this Request Form

Complete this form if you hold a *current* Delaware Master HVACR Restricted license and wish for your license to reflect that you have acquired one or more of the following additional HVACR specialties:

- ◆ Heating: Forced Air Systems, Ventilation, and Gas Piping
- ◆ Heating: Hydronic Systems and Gas Piping
- ◆ Refrigeration
- ◆ Gas Piping
- ◆ Commercial Hood Systems
- ◆ Air Conditioning

- If you do not already hold a Delaware Master HVACR Restricted license, you must first apply for [Master HVACR Restricted licensure](#).
- If you already have all but one specialty and are ready to test for the last one, apply for [Master HVACR licensure](#) instead of filing this form.

Requirements for All Requests

- Submit a completed, signed, and notarized [Request for Additional Restricted Specialty/Specialties](#). Forms that are incomplete, unsigned or not notarized will be rejected.
- Enclose the non-refundable [Master HVACR Restricted Additional Specialty Request fee](#) by check or money order made payable to "State of Delaware." Only one fee per request is required regardless of how many specialties you are requesting. Requests submitted without this processing fee will be rejected.
- If you are requesting the Refrigeration or Air Conditioning specialties, submit a copy of your CFC Certification card.
- Arrange for your supervisor(s) to submit *Verification of Specialty Employment* form(s) describing your experience in the specialty areas you are requesting. If you cannot obtain the required form from the supervisor, you may substitute tax W-2 forms showing full-time employment **AND** enclose a statement explaining why you cannot obtain the *Verification of Specialty Employment* form from the supervisor.

When the Board approves you to sit for the exam, the Board office will send you a candidate information packet. For more information about the exams for...

- specialties *other than* Commercial Hood Systems, click [Prometric Construction Trades Licensing Exams](#).
- Commercial Hood Systems, email or call the Board office.

TYPE OF SPECIALTY REQUESTED

1. Check the additional specialty(ies) that you are requesting:

- Heating: Forced Air Systems, Ventilation, and Gas Piping
- Heating: Hydronic Systems and Gas Piping
- Refrigeration (**CFC card required**)
- Gas Piping
- Commercial Hood Systems
- Air Conditioning (**CFC card required**)

2. Delaware HVACR Restricted License Number: **HL-** _____

IDENTIFYING AND CONTACT INFORMATION

3. Name: _____
Last First Middle

4. Mailing Address: _____

_____ City _____ State _____ Zip _____

5. Phone: _____ Work _____ Home _____ Email: _____

WORK EXPERIENCE

6. List all periods of employment in your requested specialty(ies). Start with the most recent. You may add additional sheets as needed.

ENTER EMPLOYER NAME	ADDRESS OF EXPERIENCE	DATES

For each employer listed above, arrange for your supervisor(s) to submit *Verification of Specialty Employment* form(s) describing your experience in the specialty area(s) you are requesting. If you cannot obtain the required form from the supervisor, you may substitute tax W-2 forms showing full-time employment **AND enclose a statement explaining why you cannot obtain the *Verification of Specialty Employment* form from the supervisor.**

DISCLOSURES

- 7. Have you been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor, or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a certified copy of a criminal history record from each jurisdiction where you have a record. For information on obtaining a Delaware criminal history record, click on [State Bureau of Identification](#).**
- 8. Are any criminal charges pending against you in any jurisdiction? Yes No **If yes, enclose a statement explaining fully and copies of any documentation related to the charges.**
- 9. Have you been the recipient of any administrative penalties (disciplinary actions) regarding your practice in HVACR in any jurisdictions, such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations; or have you been a party to a consent agreement containing conditions placed by a board on your professional conduct and practice, including any voluntary surrender of a license? Yes No **If yes, provide documentation for review by the Board.**
- 10. Have you ever had or do you now have any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you have previously been or are currently authorized to provide HVACR services? Yes No **If yes, provide documentation for review by the Board.**
- 11. Do you have an impairment related to drug or alcohol use that would limit your ability to provide HVACR services in a manner that would pose a risk to the health, safety, or welfare of the public? Yes No **If yes, explain on a separate sheet of paper and provide any relevant documentation.**

To assure consideration of your request at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board’s meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Requests that are not complete within six months of filing may be considered abandoned and discarded.

If the Board approves your request, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I, the requester named herein, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief. I hereby consent to the release of any information, by any person having such information, to the Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners regarding my education, background, or qualifications. I understand that the Board will use such information in considering my request to practice an additional specialty(ies) in Delaware. I hereby release and hold harmless from liability any person who in good faith provides any such information to the Delaware Board of Plumbing, Heating, Ventilation, Air Conditioning & Refrigeration Examiners.

Signature of Requester: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires: _____

It is a violation of Delaware law to engage or knowingly cooperate in fraud or material deception in order to become licensed, 24 Del. C. §§1814(1) and 1827(1).

REQUESTS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.



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VERIFICATION OF SPECIALTY EMPLOYMENT

Licensee: Send this form to each employer listed on the request form. You may duplicate the form as needed.

LICENSEE INFORMATION – To be completed by Master Restricted HVACR licensee

1. Name: _____
Last First Middle

2. Mailing Address: _____
City State Zip

3. Phone: _____ Email: _____
Work Home/Mobile

4. Social Security Number: _____

5. Employer Name: _____

6. Supervisor's Name: _____

7. Employer Address: _____
City State Zip

8. Check off the specialties for which you are requesting licensure:
- | | |
|---|--|
| <input type="checkbox"/> Heating: Forced Air Systems, Ventilation, and Gas Piping | <input type="checkbox"/> Gas Piping |
| <input type="checkbox"/> Heating: Hydronic Systems and Gas Piping | <input type="checkbox"/> Commercial Hood Systems |
| <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Air Conditioning |

SUPERVISOR AFFIDAVIT – To be completed by supervisor named above

The above-named Delaware Master HVACR Restricted licensee has requested licensure for the specialties checked above. Please complete this section to verify his or her experience in these specialties. Sign it in the presence of a notary and return it directly to the Delaware Board of Plumbing, Heating, Ventilation, Air Conditioning and Refrigeration Examiners at the address above. For purposes of this affidavit, the following definitions apply:

Supervision - Control and oversight by a master licensee who is an owner or full-time employee of the entity providing services. A supervising master licensee is responsible and accountable for the work performed under the supervising master licensee's license.

HVACR Services - The design, installation, construction, maintenance, service, repair, alteration, or modification of a product or of equipment including gas piping in heating and air conditioning, refrigeration, ventilation, or process cooling or heating systems.

