

Military Training

Military Training or experience in HVACR work must be detailed and submitted for evaluation with the application

Name of School and Course:	Dates: Started/ Completed	Credit Hours	Days Per week	Hours Per day

Work Experience

List Present and Previous Employers – Attach letters from past and present employers with verification of work history; or have your employer complete the attached Affidavit of HVACR Experience

Employer Information	Dates From Mo/Day/Yr	Employed To Mo/Day/Yr	Type of HVACR Work Performed
Name of Company Street Address City/State/Zip Employer Phone #()			
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AFFIDAVIT OF HVACR EXPERIENCE

To: Poplar Bluff HVACR Board

Applicant Name: _____

Dates of Verification (mm/dd/yyyy): From _____ To _____

Amount of hours in each type of work:

Residential: _____ hours
Commercial: _____ hours
Industrial: _____ hours
Total Hours: _____ hours

Work listed above was performed under the supervision of:

Licensed HVACR installer: _____ License Number: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Description of Applicants job duties: _____

I state the above and forgoing
employment history is true
and correct to the best of my knowledge
and belief.

Employer's Signature

Employer's Name (Please print or type)

Company

Title

A separate affidavit must be furnished for each employer listed on the license application
