P.O. Box 305025 Montgomery, Alabama 36130-5025



Phone: (334) 241-0840 Fax: (334) 265-0570 www.hacr.alabama.gov

COURSE APPLICATION

SECTION A: PROVIDER INFORMATION	
Name of Provider:	
Course locations (not applicable for online courses):	
SECTION B: COURSE INFORMATION (One Course Per Course Applic	ration)
Course Title:	
Instructor(s):(If instructor has not been previously Board	
(If instructor has not been previously Board	approved please include form CE-2)
Course Description and Syllabus (syllabus must be attached):	
CE Hours Requested (Courses must be a minimum of 2 hours):	
Anticipated Outcome:	
Resource Material (Include multi-media equipment or other instruct	ional aids):
Please circle a course type (you may choose more than one):	
Electrical Manual J (Load Calculations) Duct Design Business Op	erations Finance/Business Management IAQ
HVAC Theory Engineering Refrigerant Commercial Refrigeration	Theory OSHA/Job Safety ICC Codes Other
(Describe):	
SECTION C: FEES	
Please submit \$25.00 along with this application to be considered to money order, or credit card. (MasterCard and Visa only):	by the Board. Payments can be made by check,
Card Number:	Evniration Date: