



**PUBLIC PROTECTION CABINET**  
**Department of Housing, Buildings and Construction**

Division of HVAC  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5412  
Phone: 502-573-0395, Fax: 502-573-1401  
www.dhbc.ky.gov

Date  
Received: \_\_\_\_\_  
Payment  
Amount: \_\_\_\_\_

### Change of Information

I hereby make application for a change of information of my HVAC license; license number \_\_\_\_\_.

- Address ( No Fee required)
- Company Change for Journeyman/Apprentice (No Fee required)
- Company Change for Master HVAC Contractor; must submit the following:
  - Fee of \$20.00 (Make check or money order payable to Kentucky State Treasurer)
  - New Certificate of Insurance listing Department of Housing, Buildings & Construction, Division of HVAC, 101 Sea Hero Rd., Ste. 100, Frankfort, KY 40601-5412 as the certificate holder.

#### Personal Information

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

#### Company Information:

Company Name: \_\_\_\_\_

Company Kentucky Master HVAC Contractor # \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(HVAC 16) Revised 6/17/15

