



Texas Real Estate Commission
 P.O. Box 12188
 Austin, TX 78711-2188
 512-936-3000

INSPECTOR COURSE APPROVAL FORM HEATING, VENTILATION, AND AIR CONDITIONING SYSTEMS

Provider Name _____

Title of Course _____

Name of Text or Workbook and Author _____

HVAC Systems

1. Heating

Length of
Segment On Page #

FOR TREC USE ONLY		
included	Not included	Comments
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

2. Ventilation

3. Air conditioning

4. Evaporative coolers

Optional

5. On-site fieldwork
 (not to exceed 50% of total course time*)

TOTAL HOURS