



EPA CERTIFICATION FORM

Account # _____

Company Name _____

Address _____

City, State & Zip _____

Phone # _____ FAX# _____

The following technicians have successfully completed and EPA Approved Refrigerant Certification Program:

NAME	CERTIFICATE #	CERTIFICATION TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following are authorized to accept delivery of or to physically purchase refrigerant on behalf of our Certified Technicians:

A copy of each technician's certification card is attached.

The above information is accurate as of _____ (date). I understand that it is our responsibility to notify Key Refrigeration Supply of any changes in the status of certified employees.

Please print or type authorized name

Signature