

Please fax completed form to Airgas at (718) 392-8006 or mail to Airgas Refrigerants, Inc. 38-18 33<sup>rd</sup> Street, L.I.C., N.Y. 11101. Upon receipt, you and your company will be able to purchase regulated refrigerants easily and efficiently.

## **Technician Certification—Enrollment Form**

We hereby request that Airgas Refrigerants, Inc. accept any orders for Class I, Class II and other regulated refrigerants which may be placed by our company and its refrigerant purchasers. We qualify to purchase these refrigerants because: **(check only one)**.

- (TECHNICIAN CERTIFICATION) - we employ at least one technician who has been certified in accordance with EPA regulation 40 CFR 82 subpart F (HVAC equipment) or 40 CFR 82 subpart B (Motor Vehicles). **We have enclosed a copy of at least one current employee's certification identification card.**

Name of Certified Technician: [ \_\_\_\_\_ ]

- (SERVICE CONTRACT) - we have a contract for HVAC service work with a company that employs at least one certified technician. **We have enclosed a copy of at least one current employee's certification identification card.**

Name of Service Company: [ \_\_\_\_\_ ]

Name of Certified Technician: [ \_\_\_\_\_ ]

- (RESALE) - the regulated refrigerants purchased by us are being purchased exclusively for eventual resale to certified technicians or to other refrigerant resellers (no certification card necessary).

**In the event that we no longer qualify to purchase regulated refrigerants or any of the above certified information changes, we will provide notification of this change prior to any additional purchases of these refrigerants.**

Form Completed by: [ **Name:** \_\_\_\_\_ ]

[ **Title:** \_\_\_\_\_ ]

[ **Company Name:** \_\_\_\_\_ ]

[ **Address:** \_\_\_\_\_ ]

[ **Tel#:** \_\_\_\_\_ ]

Signature: [ \_\_\_\_\_ ] Date: [ \_\_\_\_\_ ]