



EPA CERTIFICATION COMPLIANCE STATEMENT

Company Name: _____
Account: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Following are the names and certificate data for our employees who possess a valid EPA Refrigerant Certificate:

Name	Certificate #	Certification Type
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Following are those persons authorized to pick up refrigerant, representing one or more of the certified technicians above.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attached is a copy of each technician's certification card. The above information is accurate as of _____ (date). Any change in the status of the above named certificate holders and additions or deletions to the list are the responsibility of the signatory of this document.

Printed Authorized Name: _____
Authorized Signature: _____
Title: _____