



NATIONAL EXCELSIOR COMPANY

Account #: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

The following technicians have successfully completed an EPA Approved Refrigerant Certification program. Attach separate sheet if needed.

| <u>NAME :</u> | <u>CERTIFICATE NUMBER:</u> | <u>CERTIFICATION TYPE:</u> |
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The following people or job titles are authorized to accept delivery of or to physically purchase refrigerant on behalf of our certified technicians. (Check or I.D. all who apply.)

- MANAGER SERVICE TECH DRIVER PART-TIME HELPER
- RUNNER INSTALLER OWNER DELIVERY SERVICE
- OTHER: (specific name) _____

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 Temperature Equipment Corporation/ National Excelsior Company of any changes in the status of certified employees.

Authorized Name (please print)

Authorized Signature

Title

Date