



TEMPERATURE EQUIPMENT CORP.
BRYANT MUNGO/ HARRY ALTER COMPANY, 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>

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.)

- | | | | |
|---|---------------------------------------|---------------------------------|---|
| <input type="checkbox"/> MANAGER | <input type="checkbox"/> SERVICE TECH | <input type="checkbox"/> DRIVER | <input type="checkbox"/> PART-TIME HELPER |
| <input type="checkbox"/> RUNNER | <input type="checkbox"/> INSTALLER | <input type="checkbox"/> OWNER | <input type="checkbox"/> DELIVERY SERVICE |
| <input type="checkbox"/> 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