

**EPA CERTIFICATION
COMPLIANCE STATEMENT**

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, & ZIP: _____

PHONE NO.: _____ **FAX NO.:** _____

(Print or type authorized name)

Authorized signature

TITLE: _____

The following technicians have successfully completed an EPA approved Refrigerant Certification program. A copy of each technicians certification card is attached. The information provided is accurate as of _____ (date). I understand that it is our responsibility to notify **McKenney Supply, Inc.** of any changes in the status of certified employees.

NAME	CERTIFICATE #	TYPE

The following persons are authorized to accept delivery of or to physically purchase refrigerant on behalf of our certified technicians.
