

**EPA CERTIFICATION  
COMPLIANCE STATEMENT**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The following technician has successfully completed an EPA approved refrigerant certification program. A copy of his or her certification card is attached. I understand that it is my responsibility to notify McKenney Supply, Inc. of any changes in the status of certified employees.

NAME	CERTIFICATE NUMBER	TYPE
		40 CFR, part 82, subpart F

The following persons are authorized to accept delivery of or to purchase refrigerant on behalf of our certified technician:

Name of authorized Purchaser(s)	

\_\_\_\_\_  
**Print or type certificate holder's name**

\_\_\_\_\_  
**Certificate holder's signature**

The information provided is correct as of \_\_\_\_\_ (date).