



Your Supply Center Since 1937

EPA Certification Information

Name \_\_\_\_\_ SWH Supply Company Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 9 digit Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

A Legible Photocopy Of The Certification Card(s) Must Be Attached.

Certified Company Representative

Name \_\_\_\_\_ Type \_\_\_\_\_ Certifying Organization \_\_\_\_\_ ID # \_\_\_\_\_

Important: If the person listed above leaves your company's employ, it is the responsibility of an officer or other responsible person employed by your company to update this form. Please reproduce this form as necessary. An acknowledgment of receipt of this form will not be sent unless requested.

In an effort to maintain accurate records, SWH Supply Company request that you also provide certification information for ALL technicians employed by your company.

Certified Technicians

Name \_\_\_\_\_ Type \_\_\_\_\_ Certifying Organization \_\_\_\_\_ ID # \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_ Certifying Organization \_\_\_\_\_ ID # \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_ Certifying Organization \_\_\_\_\_ ID # \_\_\_\_\_

Name \_\_\_\_\_ Type \_\_\_\_\_ Certifying Organization \_\_\_\_\_ ID # \_\_\_\_\_

The following MUST be signed by an officer or other responsible person employed by your company:

I certify on behalf of (company name) \_\_\_\_\_ that the information provided on this form is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

SWH Supply Company
242 East Main Street
Louisville, KY 40202
502-589-9287
Fax: 585-3812



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EPA Certified Refrigerant Approval Form

I, (certified technician's name) \_\_\_\_\_, with (company) \_\_\_\_\_

Do hereby certify that I hold a valid EPA Certification Card and have my certification information on file with SWH Supply Company. I also do hereby authorize the following non-certified employee(s) to pick up, receive and/or purchase refrigerant for our company.

Authorized employee(s) are listed as follows:

Four sets of horizontal lines for listing authorized employees.

I verify that the above information is accurate and understand that my company is responsible for notifying SWH Supply Company of any changes in this form.

Certified Technician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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