



**Minnesota Pollution Control Agency**

520 Lafayette Road  
St. Paul, MN 55155-4194

**Motor Vehicle  
Air Conditioner Recovery or  
Recycling Equipment Certification Form**

**Instructions**

This certification is required if you repair or service motor vehicle air conditioners for consideration.

1. Please provide the name, address, and telephone number of the establishment where the recovery/recycle or recovery equipment is located.
2. Please provide the manufacture name, model number, date of manufacture, and serial number of the recovery/recycle or recovery equipment acquired for use at the establishment.
3. The certification statement must be signed by the person who has acquired the recovery/recycle or recovery equipment (the owner of the establishment or another responsible person). The person who signs is certifying that they have acquired, and is properly using approved equipment, that each individual authorized to use the equipment is properly trained and certified, and that the information provided is accurate.
4. Send this form to:
  - MVACs Recycling Program Manager
  - Stratospheric Ozone Protection Branch (6205J)
  - U.S. Environmental Protection Agency
  - 401 M Street SW
  - Washington, DC 20460

The Minnesota Pollution Control Agency recommends that you send this form to the U.S. Environmental Protection Agency by certified mail and retain the return receipt for your records.

**NOTE: Certification is not transferable.  
Change in ownership requires submittal of new information within 30 days.**

**Purchase Information**

1. \_\_\_\_\_  
Name of purchaser

\_\_\_\_\_

Street address where refrigerant recover or recycling equipment is located

\_\_\_\_\_

City, state, and zip code \_\_\_\_\_ (Area code) Telephone number

2. \_\_\_\_\_

Name of equipment manufacturer	Model number	Serial number	Date of manufacture
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3. I certify that I have acquired approved recovery/recycle or recovery equipment under Section 609 of the Clean Air Act. I certify that the equipment will be properly used in servicing motor vehicle air conditioners, that each individual authorized to perform service is properly trained and certified in accordance with 40 CFR 82.40, and that the information given above is true and correct.

Owner/Operator  
(please print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_