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

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: - - -

   