

COSCO

AIR CONDITIONING & REFRIGERATION

To All Refrigerant Purchasers,

The EPA has limited the sale of CFC and HCFC refrigerants to ONLY those contractors or companies who have at least one technician certified to purchase and use refrigerants by an EPA approved organization effective NOVEMBER 14, 1994.

To help make purchasing easier, please complete the form enclosed and provide a photocopy of your technicians' certification cards, then return this form by the end of the month to:

COSCO AIR CONDITIONING & REFRIGERATION
P.O. BOX 2897
Honolulu, HI 96802

Please note the section on *COMPANY CERTIFIED REPRESENTATIVE*. Fill in the name of the certified person who is responsible for refrigerant purchases for your company. Include certification number, certifying agency and certification type (1, 11, 111, 1V).

Please note the section on *CERTIFIED TECHNICIANS*. List the names, certification numbers, certifying agencies and certification type of all certified technicians employed by your company who may pick up or purchase refrigerant.

Thank you in advance for a speedy response.

Sincerely,



Roberta "Bobbie" Cosco
CEO

Mailing Address: P.O. Box 2897 • Honolulu, HI 96802
1369 Colburn Street • Honolulu, HI 96817 • (808) 845-2234 • Fax (808) 847-5029
220 Lalo Place, Bay 1 • Kahului, HI 96732 • (808) 871-6285 • Fax (808) 893-2058
73-5574 Olowalu Street • Kailua-Kona, HI 96740 • (808) 326-2505 • Fax (808) 326-2634
1885 Haleukana St. • Lihue, HI 96766 • (808) 632-2153 • Fax (808) 632-0079

Cosco Air Conditioning & Refrigeration EPA 608 CERTIFICATION REGISTRATION FORM

Company Name: _____
 Address: _____

 Ph#: _____ Fax: _____

COMPANY CERTIFIED REPRESENTATIVE

Name: _____
 Certification Type: _____ ID#: _____
 Certifying Organization: _____

SUBMIT A PHOTOCOPY OF CERTIFICATION CARD

IMPORTANT: If the person listed above leaves your employ, it is the responsibility of an officer of your company to update this form. This is the only copy of this form you will receive from COSCO AIR CONDITIONING & REFRIGERATION.

Please keep a copy of the completed form in your files before submitting.

Other CERTIFIED TECHNICIANS in Employment (attach additional sheet if necessary)

Name	Type	Certifying Organization	I.D.#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBMIT PHOTOCOPY OF CERTIFICATION CARD(S)

Verification. The following **MUST** be signed by an officer or other responsible party employed by your company: I hereby certify on behalf of _____ that the information provided on this form is true and accurate.

 Signature Title

 Please print name legibly Date