

# Restricted Refrigerant Statement

**Date:**

**Purchase Invoice #**

**Name:**

**Address:**

I am purchasing sale restricted CFC refrigerants for the purpose of resale to a Section 609 or Section 608 Certified Technician.

I am purchasing sale restricted CFC refrigerants.

Technician Certification number is:

Issued by:

Signature

Print

Sign and Fax to 215-288-4890