

Freon/ Refrigerant Removal Verification Form

This is to certify that the refrigerant has been removed from this appliance in accordance with the EPA 1990 Clean Air Act Amendment regulations.

SERIAL NUMBER OF APPLIANCE: _____

SIGNATURE: _____

Appliance Dealer or Repair Firm

Address

City

Telephone Number

DATE: _____

SIGNATURE: _____

Owner of Appliance

NOTICE: A signed copy of this certification must accompany this appliance to The Cloud County Transfer Station.