



Autoclimate Ltd  
 Units F-J  
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# Refrigerant Handling Registration Form

**Fax To: 0345 5050901**

**Please fill out the information below to help us handle your enquiry promptly.**

**Please confirm the following will be available:**

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| 1. A fully operational Refrigerant Management Station.                       | <input type="checkbox"/> | 4. Leak detection equipment.                  | <input type="checkbox"/> |
| 2. A bottle of virgin refrigerant containing at least 5kg.                   | <input type="checkbox"/> | 5. Safety goggles and fluoroelastomer gloves. | <input type="checkbox"/> |
| 3. A vehicle with working A/C and a designated suitable area / workshop bay. | <input type="checkbox"/> |   |                          |

**Candidates full names *Please print***

First name	Last name	First name	Last name
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

**Please complete your contact details *Please print***

Company name:	Address:
Contact name:	
Position:	Town:
Contact telephone:	County:
Main telephone:	Postcode:
Email address:	

**\*NB: Order No. & Order Value Boxes MUST be completed to enable your order to be processed\***

**\* Order No.:**

**\* Order Value (exc.VAT):**

Internal use only

Job No.: \_\_\_\_\_

Created by: \_\_\_\_\_

One of our Assessors will contact you direct to arrange the time and date of the assessment.

Internal use only

To be assessed by:

\_\_\_\_\_