

# REFRIGERANT REMOVAL VERIFICATION STATEMENT

*(Prescribing Authority: 40 CFR 82.156.(f)(2) & DoD 4160.21-M)*

**THE REFRIGERANT HAS BEEN EVACUATED FROM THIS ITEM(S), IN COMPLIANCE WITH THE CLEAN AIR ACT AMENDMENTS OF 1990, SECTION 608, AND U.S. EPA REGULATIONS AT 40 CFR 82.156.**

NAME

*(Required by regulation) (Person/Technician evacuating the refrigerant)*

ADDRESS

*(Required by regulation) (Service Organization or Company)*

CITY

STATE

ZIP CODE

*(Required by regulation)*

DATE REFRIGERANT REMOVED

*(Required by regulation)*

SIGNATURE OF PERSON TURNING-IN APPLIANCE(s) / EQUIPMENT

*(Required by regulation)*

GENERATOR/DRMO

*(Add information to match the statement to the equipment to demonstrate compliance during regulatory inspections)*

ITEM DESCRIPTION or NOUN NAME/SERIAL NO.

TURN-IN DOCUMENT NO. *(DTID)*

**NOTE:** Retain copy of certificate for 3 years with the DTID from the date of receipt