CANCELLATION OF NATIONAL REFRIGERANT HANDLING LICENCE

CTM

Licence No	L	Date	/ /

Applicant Details

Last Name					
First Name				Initial	
Postal Address					
			State	Post Code	
Contact Numbers	Bus		Fax	Home	
	Mob		E-mail		

Applicant's Declaration

I declare that I no longer require a Refrigerant Handling Licence as I am no longer working with Refrigerants. Should I intend to return to working with Refrigerants I understand I will need to reapply for a Refrigerant Handling Licence before doing so.

- I declare that the above information is true in every particular.
- I understand that there are severe penalties for providing false and misleading information.

Signature of Applicant		Date	/ /
Signature of Witness		Date	/ /
Name of Witness			

Postal Details:

The Australian Refrigeration Council Locked Bag 3033 Box Hill Victoria 3128 enquire@arctick.org