



C/o Autocooling Ltd
Rear Annex, Little Kinvaston House,
Gailey,
Staffordshire,
ST19 5PR
Tel: 01952 457 207
info@autocoolinguk.com

Refrigerant Handling Registration Form

FAX To: 08435 240 621

Or scan & email to training@autocoolinguk.com

Please fill out the information below to help us handle your booking 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	Date of Birth	Gender M/F	First Name	Last Name	Date of Birth	Gender M/F
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:	

*Order No:

*Signature:

* Order no and signature **MUST** be completed to enable your order to be processed.

Internal use only
To be assessed by:

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

Internal use only

Job No: _____

Created by: _____