



**Refrigerant Disposal Form**

Please complete this form and fax/email to RMC – Attention Nancy Larsen

Phone 1-800-267-2231 ext 245 Fax: 905-602-1197 [nlarsen@hrai.ca](mailto:nlarsen@hrai.ca) Date: \_\_\_\_\_

**Full Name and Address of Requestor**

Company Name:

Address:

Address 2:

City:

Province & Postal Code:

Contact Name:

Contact Telephone:

Email:

Purchase Order Number:

**Total weight of refrigerant to be destroyed:** Kgs.  Lbs.  **Total Number of Containers:**

**Full Name and Address of Contractor if different from above**

Company Name:

Address:

Equipment Location:

Address 2:

Equipment & SN:

City:

Province & Postal Code:

Contact Name:

Contact Telephone:

Email:

**Industry (please check one)** Appliance  Automotive  HVAC  Other

**Full Name and Address of Wholesaler or RMC Collection Service Provider**

Company Name:

Address:

City:

Province & Postal Code:

Contact Name:

Contact Telephone:

Email:

**Payment Details (Payable to Refrigerant Management Canada or RMC)**

Mastercard  Visa  Cheque

Amount:

GST/HST/QST:

Credit Card Number:

Total Amount:

Expiry Date:

**3 Digit Verification Code:**

Signature:

**Accounting Code:**

**RMC Authorization Number (For RMC Use Only)**

RMC is administered by

