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# Refrigerant Handling Registration Form

**FAX To: 08435 240 621**

Or scan & email to [training@autocoolinguk.com](mailto: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: \_\_\_\_\_