



**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:
<b>Total weight of refrigerant to be destroyed:</b>	Kgs. <input type="checkbox"/> Lbs. <input type="checkbox"/> <b>Total Number of Containers:</b> <input type="text"/>

**Full Name and Address of Decommissioned Refrigerant**

Company Name:	
Address:	Equipment Location:
Address 2:	Equipment & SN:
City:	Province & Postal Code:
Contact Name:	Contact Telephone:
Email:	
<b>Industry (please check one)</b>	Appliance <input type="checkbox"/> Automotive <input type="checkbox"/> HVAC <input type="checkbox"/> Other <input type="checkbox"/>

**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 <input type="checkbox"/>	Visa <input type="checkbox"/>	Cheque <input type="checkbox"/>
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)**