



CFC-11 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 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 Type & 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

