

**REFRIGERATION HANDLING REGISTRATION FORM**

**Please fill out the information below to help us handle your enquiry promptly**

EMAIL TO: [info@autoair.ie](mailto:info@autoair.ie)

**Candidates full names *Please Print:***

FIRST NAME	LAST NAME	DATE OF BIRTH

**Please complete your contact details *please print***

Company name:	Address:
Contact name:	
Position:	Town
Contact Tel:	County
Main Tel:	Postcode:
Email address:	

**\*NB:Order No. & Order Value Boxes MUST be completed to enable your order to be processed**

<b>*Order No:</b> <input type="text"/>	<b>* Order Value (exc. VAT):</b> <input type="text"/>
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Internal use only

Job No: \_\_\_\_\_

Created by: \_\_\_\_\_

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

Internal use only

To be assessed by:

\_\_\_\_\_