

## CANCELLATION OF NATIONAL REFRIGERANT HANDLING LICENCE



## Australian Government

Licence No L Date / /

Applicant Details					
Last Name					
First Name					Initial
Postal Address					
			S	tate	Post Code
Contact Numbers	Bus	Fa	ах	Но	ome
	Mob	E-ma	ail		

## **Applicant's Declaration**

I declare that I no longer require a Refrigerant Handling Licence as I am no longer working with Refrigerants. Should I intend to return to working with Refrigerants I understand I will need to reapply for a Refrigerant Handling Licence before doing so.

- I declare that the above information is true in every particular.
- I understand that there are severe penalties for providing false and misleading information.

Signature of Applicant	Date	/	/	
Signature of Witness	Date	/	/	
Name of Witness	1			

Postal Details:
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The Australian Refrigeration Council Locked Bag 3033 Box Hill Victoria 3128

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