



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 CFC-11 to be Destroyed: **Kgs.** **Lbs.** **Total Number of Containers:**

Full Name and Address of Contractor if different from above

Company Name: _____

Address: _____

Address 2: _____

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: _____

RMC Authorization Number (For RMC Use Only)
