

# RCM Contractor Input Form



UM HVAC

Contractor Company Name:

Address:

Contact Name:

Phone Number:

Ext:

Fax Number:

## Notes

### 40CFR, Part 82, Subpart F:

Owners must maintain file copies of all employee and contractor technician EPA certification cards on file for inspection by EPA for work done at the facility in the past (3) years.

Please provide a **legible** scanned copy of each of your technicians EPA certification cards who presently work or who have worked at our site in the past 3 years.

**Note:** Please black out the EPA card ID # if it is your tech's Social Security #. The only info we need is below which we will obtain from your card copies.

Card copy must show Your Technician Name	EPA Testing Organization	EPA Certification Level
Required	Required	Required