

BOISE COUNTY SOLID WASTE DEPARTMENT
REFRIGERANT RECOVERY STATEMENT

Instructions: Complete a separate statement form for each appliance. Fill out this statement truthfully and attach any additionally required documentation. If you do not fill out this statement, the County may not be able to accept your appliance. Failure to be truthful in your answers on this statement could subject you to both criminal and civil penalties.

Name:
Address:
Phone number:
Appliance type (check one): <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Air conditioner <input type="checkbox"/> Dehumidifier <input type="checkbox"/> Water cooler <input type="checkbox"/> Other _____
Appliance make and model:

Check one of the following options, and provide the required information for the selected option.

Option 1: A certified technician recovered all refrigerant from this appliance.

By checking this option, I certify that all refrigerant that had not leaked previously has been recovered from the appliance or shipment of appliances lawfully [See 40 CFR 82.155(b)(2)].

If you provide a copy of your contract with a certified technician, you do not need to fill out the section below.

Name of Company or Individual Recovering the Refrigerant:	
Address of Company or Individual Recovering the Refrigerant:	
Phone number of Company or Individual Recovering the Refrigerant:	Date the Refrigerant Was Recovered:

Option 2: All the refrigerant has leaked out of the appliance by accident.

By checking this option, I certify that the refrigerant escaped because of system failures, accidents, or other unavoidable occurrences which were not caused by a person's negligence or deliberate acts [See 40 CFR 82.155(b)(iii)]. I did not personally cut the refrigerant lines or cause them to be cut.

Option 3: The refrigerant is still in the appliance.

Option 4: I disposed of the refrigerant without a certified technician, or I caused such disposal to occur.

I declare under penalty of perjury pursuant to the laws of the State of Idaho and the United States of America that the foregoing is true and correct.

NAME (print)

DATE

SIGNATURE

NAME OF WITNESS (print)

DATE

SIGNATURE OF WITNESS

FOR COUNTY USE ONLY:

- If you know or have reason to know that the signed statement or contract provided is false, do not accept the appliance or the signed statement (40 CFR 82.155(b)(2)(i)).
- Keep this statement and any contracts provided in hard copy or digitally for at least three years (40 CFR 82.155(c)).
- Recover any remaining refrigerant from the appliance as required by law.