

STATE BOARD OF REFRIGERATION EXAMINERS



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GARNER, NC 27529

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APPLICATION FOR A REPLACEMENT CFC CARD

DIRECTIONS: Complete this entire form to the best of your knowledge. Please allow 10 - 14 days to process your request.

Name _____

Mailing Address _____

City, State, Zip _____

Telephone Number _____ Social Security Number _____

Type Certification Received _____

Your Certification Number (if known) _____

Where/When did you take the examination: (1) _____ Date _____

(2) _____ Date _____

(3) _____ Date _____

Mail this form along with \$25.00 to: **SBRE, 1027 US Highway 70 West, Suite 221, Garner, N.C. 27529**

Method of Payment: Check Money Order VISA MasterCard

Card # _____ Exp. Date _____ Verification Code _____

Name on Card _____ Signature _____