



Colorado Air Pollution Control Division

Colorado Department
of Public Health
and Environment

CHANGE IN STATUS OF REGISTERED STATIONARY AC/R CFC EQUIPMENT

CURRENTLY REGISTERED EQUIPMENT CHECK ONE: REPLACED OR MODIFIED

Date: _____

Facility Name: _____

Facility Address: _____

Existing System Manufacturer: _____

Model Number: _____

Serial Number: _____

Number of Compressors: _____

Input Electrical Data (from unit name plate):

Compressor(s) Voltage _____ Compressor(s) Amperage (**RLA or FLA, not LRA**) _____ (each)

Total Pounds of Refrigerant in Registered System: _____ lbs. Refrigerant type: _____

CHECK ONE: NEW SYSTEM OR CHANGE TO ABOVE SYSTEM

System Manufacturer: _____

Model Number: _____

Serial Number: _____

Number of Compressors: _____ Refrigerant type: _____

Input Electrical Data (from unit name plate):

Compressor(s) Voltage _____ Compressor(s) Amperage (**RLA or FLA, not LRA**) _____ (each)

System Horsepower Rating (calculated from input electrical data) Optional:

Date Equipment Installed: _____ Total Pounds of Refrigerant in System: _____ lbs.

Return To:

**CO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
APCD-IEP-B1-CFC PROGRAM
4300 CHERRY CREEK S. DR.
DENVER, COLORADO 80246-1530**

FAX NUMBER: 303-782-0278