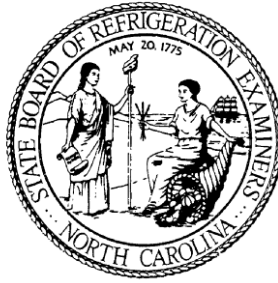


# STATE BOARD OF REFRIGERATION EXAMINERS

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E-Mail:  
sbreservices@bellsouth.net  
Website:  
www.refrigerationboard.org

## APPLICATION FOR A REPLACEMENT CFC CARD

**DIRECTIONS:** Complete this entire form to the best of your knowledge. Please be as specific as possible.

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 \$10 to **SBRE, 889 Highway 70 West, Garner, N.C. 27529.**

Method of Payment:     Check     Money Order     VISA     MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Verification Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_