PERSONNEL EXPERIENCE QUESTIONNAIRE

Company (Participant) Name	
Test Facility Address	
The following personnel are directly responsible for c Participant's test facility in accordance with the AHRI Delivery Unit Coolers for Refrigeration Certification P	Performance Rating of Forced-Circulation Free-
Program Contact	Test Facility Contact
Name	Name
Title	Title
Area of Responsibility for Certification Testing:	Area of Responsibility for Certification Testing:
Do you have training requirements for Test T and include approximate duration of training:	echnicians? If so, briefly describe or list them below
If training requirements do not currently exist briefly tasked with Unit Cooler testing. Attach Resume/Bio f	
Submit	rted By:
Signature	Title
Printed Name	Date