

\$29
per test

U.S. EPA
Approved

**Section 609 Technician Certification
for Refrigerant Recovery
and Recycling**

COOLING
WHAT MOVES YOU

MACS
MOBILE AIR CLIMATE SYSTEMS ASSOCIATION

**Use this form to order a MACS Section 609
independent study book and test.**

Tests are \$29 each and are available in English and Spanish.

Section 609 certification credentials are required to purchase refrigerant 2lbs or more.

Visit **www.macsmobileairclimate.org** for online Section 609 test information.

Call MACS at 215/631-7020 x 0

Fax MACS at 215/631-7017

Email MACS at info@macsmobileairclimate.org

Technicians opening the air conditioning system in a vehicle using R-12, R-134a or R-1234yf are required to be certified in refrigerant recovery and recycling to be in compliance with Section 609 of the Clean Air Act Amendments of 1990.

The MACS technician certification program is approved by the U.S. EPA and MACS is the first Section 609 certification provider to certify a new technician training program to SAE J2845 under the SAE J2911 program. Service facilities who fail to comply can suffer large fines.

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6/22/2022



(More information available at www.macsmobileairclimate.org)

To request Section 609 home study certification tests, please fill out the following information & return to MACS with payment. You may mail, fax or email this form but it must be accompanied by \$29 for each test requested. Do not use this form if you want an online test.

**\$29
per test**

1st Tech: _____ Email address: _____

2nd Tech _____ Email address: _____

3rd Tech: _____ Email address: _____

4th Tech: _____ Email address: _____

(Attach list if necessary if more than 4) English Spanish

Number of tests _____ x \$29 = _____

Shop / Company Name _____

Shop Manager Name _____ Email address: _____

Mailing address: _____ City/State/Zip: _____

Area Code/Phone: _____ Fax: _____

Mail to: MACS P.O. Box 88 Lansdale, PA 19446

Phone: 215/631-7020 - Fax: 215/631-7017 - email: info@macsmobileairclimate.org

Check/MO# _____ for \$ _____ Charge my: Mastercard Visa AMEX Discover

Card# _____ Name On Card _____

Ex. Date _____ CVV2/Sec Code _____ (3 or 4 digit # on front or back of card)

I give MACS permission to fax and email me: YES NO I want information to become a member of MACS

Signature _____