

CHIEF EXAMINER PASSWORD REGISTRATION FORM FOR
ACCESSING EPA EXAM STATUS VIA INTERNET

Date: _____

Chief Examiner Name: _____

Chief Examiner ID #: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Personal Password (Cannot be more than 14 characters): _____

(Please Print Clearly)

This is my first password submittal.

I have previously submitted a password. Please update my password.

Please note that it can take up to two weeks for your password to become active.
Any changes must be done in writing.

Signature

Mail or fax to:
Education Department
Air-Conditioning, Heating & Refrigeration Institute
2111 Wilson Boulevard, Suite 500
Arlington, VA 22201
Phone 703-524-8800, Fax 703-562-1942