### Refrigerating Engineers & Technicians Association

**Certified Operator Uniform Patch Order Form**

<table>
<thead>
<tr>
<th>NAME OF THE CERTIFIED OPERATOR RECEIVING THE PATCH(ES)</th>
<th>OPERATOR CERTIFICATE NUMBER*</th>
<th>TYPE OF PATCH (CARO, CIRO, CRST, CRES)</th>
<th>Price $10.00</th>
<th>Qty.</th>
<th>Total $</th>
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**PATCH ORDER SUBTOTALS:** $10.00

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<th>TOTAL ENCLOSED</th>
<th>$</th>
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**3 Easy Ways to Order**

1) **FAX** the order form to: 541-497-2966
   Credit cards and purchase orders only

2) **MAIL** the order form to:
   RETA HQ 1725 Ferry St SW, Albany, OR 97322

3) **SCAN** and email the order form to: samantha@reta.com

I certify that the RETA Certified Operator patches ordered above will be worn ONLY by the Certified Operators listed in the order form above. Persons who have not met all the requirements for RETA certification may never wear RETA Certified Operator Patches under any circumstances. Doing so is an actionable violation of the RETA Code of Conduct. Reports of non-qualified persons claiming to be certified are investigated by RETA Headquarters. Names of persons and companies found in breach of the RETA Code of Conduct are posted on the RETA Website while under sanction. Orders will not be fulfilled without this certification.

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**Payment**

- [ ] Check (enclosed) payable to RETA (in U.S. funds)
- [X] Bill to Purchase Order No. __________
- [ ] MasterCard
- [ ] Visa
- [ ] AMEX
- [ ] Discover

Account No. ____________________________ Exp. Date __________
SECURITY CODE # (Required) ____________ Billing Address: (Required to process the card transaction)

Street ____________________________ City ________ State ________ Zip Code ________

In the event of a miscalculation, I authorize RETA to charge to the above-named credit card an amount reasonably deemed by RETA to be accurate and appropriate.

Signature ____________________________ May we send you a receipt? ______ yes _______ no

E-mail __________________________

**Shipping** (No Post Office Box Addresses)

Name ____________________________ Company __________________________
Address [ ] Home [ ] Office __________________________
City ____________________________ State ________ ZIP __________________________
Phone [ ] Home [ ] Office __________________________
E-mail __________________________

*Please allow 2 weeks for delivery of merchandise. All orders are shipped best way ground or First Class Mail.*