



# Refrigerating Engineers & Technicians Association Certified Operator Uniform Patch Order Form

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

### 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 to: samantha@reta.com

<b>TOTAL ENCLOSED</b>	\$
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Every certified operator is assigned a unique certificate number for each level of certification. The registration number for whom the patches are being ordered is required. The registration number is found at the lower right corner of the operator's certificate issued when they achieve their credential.

Orders will not be fulfilled without verified registration credentials

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.

\_\_\_\_\_  
Signature of purchaser / certifier

\_\_\_\_\_  
Printed Name of purchaser / certifier

\_\_\_\_\_  
Date

### Payment

Check (enclosed) payable to RETA (in U.S. funds)       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.*