



**RAC TECHNICIAN LICENSE**

<b>FOR EQPB USE ONLY</b>	APPLICATION NO.: _____
LICENSE #: _____	LICENSE EXPIRARY DATE: _____
DATE APPLICATION RECEIVED: _____	
IMPORT/RECEIPT REPORT SUBMITTED: _____	<input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE
SALES/DISTRIBUTION REPORT SUBMITTED: _____	<input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE
FEE: \$50.00 PALAU NATIONAL TREASURY RECIEPT NUMBER: _____ (MUST BE ATTACHED)	
REMARKS:	
SIGNATURE & TITLE OF PERSON IN RECEIPT OF APPLICATION: _____	

**1. Application for:**

<input type="checkbox"/> Initial License*	<input type="checkbox"/> License Renewal	License # _____
*If logs/records are not available, provide best estimate of yearly consumption. **Applicants must attach the previous year's total purchase/receipt and sales/distribution logs/report.		
NOTE:		

**2. Company/Agency Information**

Company Name:		Federal ID #:
Address and Location:	P.O. Box #:	Describe landmarks:
	State:	Hamlet: <input type="checkbox"/> Attach Map
Telephone #:		Fax #:
Email:		Web Address:

**3. TECHNICIAN INFORMATION**

Name:		Title:
Telephone #:		Cell #:
Email:		



**RAC TECHNICIAN LICENSE**

**4. Educational Background**

Name of Institution		Federal ID #:
Address and Location:	P.O. Box #:	Describe landmarks:
	State:                      Hamlet:	<input type="checkbox"/> Attach Map
Telephone #:		Fax #:
Email:		Web Address:
<b>Attach all certificate of training attended.</b>		

**5. Type of Business (including any other business operation under the above management)**

**What is your main area(s) of business in the refrigeration/AC area? check all that apply**

a) Installing                     

b) Selling                             

c) Servicing                             

d) Other (specify) \_\_\_\_\_

**6. All applicants must initial the following:**

I understand that ODSs are controlled substances and I must submit a Notice of Intent to Import ODS or equipment containing ODSs prior to any importation to the Republic of Palau  <b>Initials:</b> _____	I understand that I must keep records for five (5) years of the following: 1) import/receipt and Bill of Lading 2) records of sale/distribution to licensed technician . Annual reports detailing such shall be submitted to the EQPB before the 1st of Feb.  <b>Initials:</b> _____
--	--

**Application is hereby made for an ODS/Goods Containing ODS Dealer License, authorizing me to purchase, receive, sell, and distribute controlled substances and/or goods containing controlled substances. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Date**