

Clean Air Award Renewal Certification

Name of Facility as it appeared on the Award _____

Name of Facility now (if applicable) _____

In order to earn a 2019 Clean Air Award Renewal Certificate, the facility must have *previously* earned the Clean Air Award, or have a Clean Air Award Renewal Certificate issued for 2017 or earlier. This certificate must be completed annually and each form must be accompanied by a payment of \$30.00. Complete this form and fax to NAFA at 608.492.0523 or mail to NAFA, 22 N. Carroll Street, Suite 300, Madison, WI 53703 no later than August 1, 2019.

Each Clean Air Award Renewal Certification Form will be reviewed by the Clean Air Award Committee and, pending approval, a renewal certificate will be issued.

Recertification Year: 2019

	Yes	No	N/A
1) Is the "MERV Number" of the air filter being used in your facility of the same or higher value, as when you earned your Clean Air Award (CAA)?			
2) Is your "Air Filter Change Record" for all systems at your facility up-to-date?			
3) Are the air filters used in your facility supplied through a NAFA Member Company?			
4) If "Gaskets" were part of your original CAA application, are they still installed and functioning properly?			
5) If "Filter Monitoring Devices" were part of your original CAA application, are they still installed and functioning properly?			
6) If "Gas Phase Filtration" was part of your original CAA application, is it still installed and functioning properly?			
7) If any "Ultraviolet Germicidal Irradiation" (UVG) or were part of your original CAA application, are they still installed and functioning properly?			
8) Have you continuously renewed your Clean Air Award? If not, what is the last year it was renewed _____. Have you maintained or improved your facility since you last renewed the Clean Air Award.			

PAYMENT

Type of credit card (circle one) **VISA** **MasterCard** **American Express** **Discover**

Name on Card _____

Card Number _____ Expiration Date: _____

Billing Address _____ Zip _____
(address where credit card is billed)

Signature of Card Holder _____

Contact person at facility

Contact Name _____ Phone _____

Contact person submitting Renewal Certification

Company Name _____ Email _____

Signature of NAFA CAFS _____ Date _____

Printed Name _____ Phone _____