

# NAFA Clean Air Award Renewal Recertification Year: 2020



Name of Facility as it appeared on the Award \_\_\_\_\_

Name of Facility now (if applicable) \_\_\_\_\_

**In order to earn a 2020 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 2019 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 email to nafa@nafahq.org no later than September 1, 2020.

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.

	Yes	No	N/A
1) Is the <b>"MERV Number"</b> 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 <b>"Air Filter Change Record"</b> 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 <b>"Gaskets"</b> were part of your original CAA application, are they still installed and functioning properly?			
5) If <b>"Filter Monitoring Devices"</b> were part of your original CAA application, are they still installed and functioning properly?			
6) If <b>"Gas Phase Filtration"</b> was part of your original CAA application, is it still installed and functioning properly?			
7) If any <b>"Ultraviolet Germicidal Irradiation"</b> (UVGI) 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 \_\_\_\_\_