



## ACCL REQUEST FOR VERIFICATION

### AHRI CERTIFICATION PROGRAM FOR AIR-COOLED WATER-CHILLING PACKAGES

Complete the information below for each chiller verification request. A copy of the output sheet from the manufacturer's Selection Rating Software must be submitted in conjunction with this form. All fields must be completed prior to submission. Once completed send to [AHRIVerification@ahrinet.org](mailto:AHRIVerification@ahrinet.org). Please allow ten (10) calendar days for AHRI to conduct the verification and respond to your request.

AHRI Reference Number: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Model Number: \_\_\_\_\_  
 Job Name: \_\_\_\_\_  
 Manufacturer Representative that Provided the Selection: \_\_\_\_\_  
 Selection Rating Software Version Number: \_\_\_\_\_

Selected Rating (Please check one <input type="checkbox"/> )	EVAPORATOR	CONDENSER
Leaving Water / Air Temperature ( <input type="checkbox"/> °F) ( <input type="checkbox"/> °C)		
Entering Water / Air Temperature ( <input type="checkbox"/> °F) ( <input type="checkbox"/> °C)		
Water-Side Fouling Factor ( <input type="checkbox"/> h·ft <sup>2</sup> ·°F/Btu) ( <input type="checkbox"/> m <sup>2</sup> ·°C/kW) ( <input type="checkbox"/> m <sup>2</sup> ·°K/kW)		
Water Flow Rate ( <input type="checkbox"/> gpm) ( <input type="checkbox"/> L/s) ( <input type="checkbox"/> m <sup>3</sup> /h)		

Ratings (Please check one <input type="checkbox"/> )	SELECTED RATING CONDITIONS
Capacity ( <input type="checkbox"/> tons) ( <input type="checkbox"/> kW)	
Efficiency ( <input type="checkbox"/> EER) ( <input type="checkbox"/> COP) ( <input type="checkbox"/> kW/ton)	
Evaporator Pressure Drop ( <input type="checkbox"/> ft H <sub>2</sub> O) ( <input type="checkbox"/> kPa) ( <input type="checkbox"/> psid)	
Condenser Pressure Drop ( <input type="checkbox"/> ft H <sub>2</sub> O) ( <input type="checkbox"/> kPa) ( <input type="checkbox"/> psid)	
IPLV/NPLV ( <input type="checkbox"/> EER) ( <input type="checkbox"/> COP) ( <input type="checkbox"/> kW/ton)	

**Requested by**

Print Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Verified by**