



FORM WCCL-FA2
WCCL PERSONNEL EXPERIENCE QUESTIONNAIRE
AHRI CERTIFICATION PROGRAM FOR WATER-COOLED WATER
CHILLING AND HEAT PUMP WATER-HEATING
PACKAGES

 Company (Participant) Name

 Test Stand Address and Unique Name

The following personnel are directly responsible for conducting the testing that will be witnessed at the Participant's test stand in accordance with the AHRI Water-Cooled Water-Chilling and Heat Pump Water-Heating Packages Using the Vapor Compression Cycle Certification Program:

Program Contact	Test Stand Contact
_____ Name	_____ Name
_____ Title	_____ Title
Area of Responsibility for Certification Testing: _____ _____	Area of Responsibility for Certification Testing: _____ _____

Test Technicians:

1. Do you have training requirements for Test Technicians? If so, briefly describe or list them below and include approximate duration of training:

2. Are your Test Technicians *required* to complete all training prior to conducting chiller testing?

Yes No

3. Have you defined a minimum level of competency that your Test Technicians must exhibit prior to conducting chiller performance testing?

Yes No

Submitted By:

_____ Signature	_____ Title
_____ Printed Name	_____ Date