

**AHRI PERFORMANCE CERTIFICATION PROGRAM FOR
COMMERCIAL FURNACES**

-CONFIDENTIAL-

FORM CFRN-WT2
PERSONNEL EXPERIENCE QUESTIONNAIRE

Company (Participant) Name

Test Facility Address

The following personnel are directly responsible for conducting the testing that shall be witnessed at the Participant's test facility in accordance with the AHRI Commercial Furnaces Certification Program:

Primary Contact

Alternate Contact

Name

Name

Title

Title

Area of Responsibility for Certification Testing:

Area of Responsibility for Certification Testing:

Submitted By:

Signature

Title

Printed Name

Date