



GOVERNMENT OF THE DISTRICT OF COLUMBIA

BOARD OF INDUSTRIAL TRADES –
REFRIGERATION AND AIR CONDITIONING

VERIFICATION OF SCHOOL ENROLLMENT

DATE _____

TO: Pearson VUE
Department DC – RA
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 20785

FROM: _____
Name of School

School Address City State Zip Code

Telephone

Name of Applicant Social Security Number

Date of Enrollment _____ Anticipated Completion Date _____

Enrollment for Refrigeration/Air Conditioning Program _____

Graduation Date _____ Type of Certification _____

This letter is to verify that the above named individual is currently enrolled in the above specified program.

Training Director (Please print and provide Signature)

School Seal License # _____ State _____

Date _____