



**AUTOMOTIVE RETAILERS ASSOCIATION
DIVISION MEMBERSHIP APPLICATION**



(This form must be accompanied by a completed ARA Membership Application Form.)

MECHANICAL REPAIR DIVISION

CODE OF ETHICS

- The main business of the applicant shall be in the mechanical repair of automobiles and trucks.
- The applicant's shop will employ licensed and/or qualified technicians trained in the types of services offered by the shop.
- The applicant's shop will have on hand all necessary tools and equipment, in a reasonable condition and working order, to perform the type of service offered by the shop.
- The business shall be located in a building of acceptable industry standards.
- The applicant shall display an acceptable business identification sign on the premises.
- The applicant's shop must have a valid business license.
- The applicant's shop must have a current liability and business insurance policy.
- The applicant's shop will use shop work orders or invoices, which indicate the following --
 - Shop name, address and telephone number,
 - List of parts used,
 - Description of work or service performed,
 - All applicable taxes and levies.
- The applicant's shop will provide written estimates of repairs on request.
- The applicant's shop will show on the work order a basic guarantee on parts and work done by the said shop.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Name of Firm: _____
(Please PRINT.)
2. Owner: _____ Telephone: (____) _____
(Please PRINT.)
3. Does your business operate from permanent premises, including at least one service bay?
 YES. NO. (Please explain below.)

4. Do you have a Garage Policy?
 YES. Number: _____ NO. (Please explain below.)

The applicant agrees to abide by the Code of Ethics of the Mechanical Repair Division. The Board of Directors of the Mechanical Repair Division of the Automotive Retailers Association reserves the right to reject any application without explanation. Any applicant who is not accepted will be refunded in full all pre-paid dues amounts which accompany the application.

Signature of Applicant

Date: _____

For Office Use Only

Accepted into the Mechanical Repair Division: _____ Date: _____

Referring ARA Consultant: _____