



**AUTOMOTIVE RETAILERS ASSOCIATION**  
*Auto Glass Division*

# Automotive Glass Technician Practical Assessment Application

*Fill out the form carefully (you will be contacted for registration)*

## Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Company: \_\_\_\_\_

Is Company an Automotive Retailers Association Member?  Yes  No

### Please Select Option A or B:

**Option A:** Assessment for one individual = \$787.50 (includes \$37.50 GST)

**Option B:** Assessment for a second (or more) individuals = \$525.00 (includes \$25.00 GST)

*NOTE: If a shop is completing more than one assessment at the same time the \$750 fee is reduced to \$500 for the 2nd and/or additional PA's conducted during the same visit.*

## Billing Details (if different from above):

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Number: \_\_\_\_\_

*(for payment receipt)*

***This is to certify that I hereby give authorization to the Automotive Retailers Association to debit my credit card for the above charges:***

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Comments: