



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 will be scheduled within 90 days = \$787.50 (includes \$37.50 GST)

Option B: Assessment scheduled within 30 days = \$787.50 (includes \$37.50 GST)

(Option B may require additional expenses to expedite assessment. These expenses will be agreed to by both parties before billing.)

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: