Exam Registration Form

Approved by Miami-Dade and Broward Counties

This form may be reproduced if extra copies are needed.

Important: *Read this form first and then print the required information neatly.*

Social Security Number: ___ - ___ - ____

Telephone Number: (Cellular or Home) ___ - ___ - ____

Telephone Number: (Work) ___ ___ ____

Last Name:

First Name: **Middle Initial:**

Mailing Address:

Number, Street, and Apartment Number

City | State: F L | Zip Code: 3 3

REGISTER BY: 05/07/10

Date of Birth: Month Day Year

Sex: ☐ Male ☐ Female

Race or Ethnic Group: Blacken one square. (For research purposes. It will not be reported to anyone and you need not answer if you prefer.)

1. ☐ American Indian 2. ☐ African American 3. ☐ Caucasian/White 4. ☐ Hispanic/
5. ☐ Oriental/Asian 6. ☐ Puerto Rican 7. ☐ Other (Specify) _____

Education: Blacken only one square for the highest grade or year you completed.

Grade School and High School (Including Vocational)	After High School: Trade or Technical (Vocational) School	College
☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ More

Language: ☐ Spanish ☐ English ☐ Creole **Testing Center:** ☐ Broward ☐ Miami-Dade

Tests: Blacken the squares for the exam(s) you plan to take. Note: You will have a total of four (4) hours for each exam day. A maximum of 3 exams per session.

June 11, 2010

Certification		Re-Cert.	Certification		Re-Cert.
❍	AC1 Auto: Engine Repair	❑	❍	BC09 Collision: Non-structural Analysis	❑
❍	AC2 Auto: Engine Performance	❑	❍	BC10 Collision: Painting/Refinishes	❑
❍	AC3 Auto: Brakes	❑	❍	BC11 Collision: Structural Analysis	❑
❍	AC4 Auto: Suspension & Steering	❑	❍	TC12 Med/Hvy Truck: Engine Repair/Gasoline/Diesel	❑
❍	AC5 Auto: Heating & Air Conditioning	❑	❍	TC13 Med/Hvy Truck: Drive Trains	❑
❍	AC6 Auto: Electrical/Electronic Systems	❑	❍	TC14 Med/Hvy Truck: Brake/Braking Systems	❑
❍	AC7 Auto: Automatic Trans/Trans Axle	❑	❍	TC15 Med/Hvy Truck: Suspension/Steering Systems	❑
❍	AC8 Auto: Manual Drive Trains & Axles	❑	❍	TC16 Med/Hvy Truck: Elec./Electronic Systems	❑

June 15, 2010

Enter your 4th exam code, if applicable. _____ ❍ Certification ❑ Re-Cert.

Fees: Number of exams selected (Número de exámenes seleccionados)..... _____ x $25 = $

Registration Fee (non-refundable) $ **30.00**

Total Fee = $

Fee Paid By: 1 ☐ Employer 2 ☐ Technician 3 ☐ S.F.W.

Credit Card #: Expiration Date Month Year

(Office Use Only)

Receipt # _____

CC MO CK#_____

Name on Credit Card (if different):_____ CVV# (Card Security#): _____

Credit Card Billing Address (if different) :_____

Signature of Cardholder **X** _____

If paying by credit card, you may fax your form to (305) 362-3134. Please remember to sign above. Thank you.

Do not send cash. Use a credit card, or enclose a check or money order for the total fee, made payable to **AATI.**

Mail to: 6801 West 20th Avenue, Hialeah, FL 33014

Signature of Applicant: _____ ____/____/____

☐ ☐ ☐ ☐

(Office Use Only)

Visit our website at: www.aationline.com * Telephone: 305-362-5519 * E-mail: administration@aationline.com