

STUDENT REGISTRATION

PLEASE PRINT CLEARLY

STUDENT INFORMATION

LAST NAME

FIRST NAME

MI

DATE OF BIRTH

JOB TITLE OR OCCUPATION

COURSE CODE

COURSE DATE

MONTHS OF CAR-O-LINER EXPERIENCE

BODY SHOP MANAGER

Is this your first time attending Training?

Yes

No

SIGNATURE

PRINTED NAME

COLLISION REPAIR SHOP INFORMATION

NAME OF COLLISION REPAIR SHOP

CONTACT NAME (MANAGER/OWNER)

ADDRESS

CITY, STATE, ZIP

SHOP PHONE NUMBER

SHOP FAX NUMBER

EMAIL ADDRESS

Please check any OEM Certifications your shop has:

TOYOTA AUDI VOLKSWAGEN BMW MERCEDES BENZ PORSCHE JAGUAR OTHER

If other please specify:

Please check the Bench system your shop has:

CELETTE CHIEF BLACKHAWK CHASSIS LINER CARBENCH GLOBAL JIG OTHER

If other please specify: