



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:

XX XX - XX - _____

Date of Birth:

____/____/____
Month Day Year

Email Address:

Home Telephone Number

____ - ____ - _____

Cellular Telephone Number

____ - ____ - _____

Work Telephone Number

____ - ____ - _____

HOW DID YOU HEAR ABOUT US?

- Internet
- Email
- Facebook
- SFW/VR/VA
- Walk-in
- Shop visits
- Referral _____
- Flyers
- Other _____

Last Name:

First Name:

Middle Initial:

Mailing Address:

Number, Street, and Apartment Number

City

FL

State

33 _____

Zip Code

Sex: Male Female

**REGISTER BY:
11/22/17**

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 | More |
| 7 8 9 10 11 12 | 1 2 3 4 | 1 2 3 4 | |

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.

Tuesday, December 19th, 2017

Initials _____ 7:00PM

Certification	Re-Cert.	Certification	Re-Cert.
<input type="radio"/> AC1 Auto: Engine Repair	<input type="checkbox"/>	<input type="radio"/> TC12 Med/Hvy Truck: Engine Repair/Gasoline/Diesel	<input type="checkbox"/>
<input type="radio"/> AC2 Auto: Engine Performance	<input type="checkbox"/>	<input type="radio"/> TC13 Med/Hvy Truck: Drive Trains	<input type="checkbox"/>
<input type="radio"/> AC3 Auto: Brakes	<input type="checkbox"/>	<input type="radio"/> TC14 Med/Hvy Truck: Brake/Braking Systems	<input type="checkbox"/>
<input type="radio"/> AC4 Auto: Suspension & Steering	<input type="checkbox"/>	<input type="radio"/> TC15 Med/Hvy Truck: Suspension/Steering Systems	<input type="checkbox"/>
<input type="radio"/> AC5 Auto: Heating & Air Conditioning	<input type="checkbox"/>	<input type="radio"/> TC16 Med/Hvy Truck: Elec./Electronic Systems	<input type="checkbox"/>
<input type="radio"/> AC6 Auto: Electrical/Electronic Systems	<input type="checkbox"/>	<input type="radio"/> BC9 Collision: Non-structural Analysis	<input type="checkbox"/>
<input type="radio"/> AC7 Auto: Automatic Trans/Trans Axle	<input type="checkbox"/>	<input type="radio"/> BC10 Collision: Painting/Refinishes	<input type="checkbox"/>
<input type="radio"/> AC8 Auto: Manual Drive Trains & Axles	<input type="checkbox"/>	<input type="radio"/> BC11 Collision: Structural Analysis	<input type="checkbox"/>

Fees: Number of exams selected(Maximum of 3 exams per session)..... _____ x \$35 =

Registration Fee (non-refundable) \$ **35.00**

Refund: Request refund within 30 days of exam date (registration fee non-refundable)

Total Fee = \$ _____

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

Credit Card #: _____

Expiration Date
____/____
Month Year

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

Credit Card Billing Address (if different): _____

Signature of Cardholder X _____

(Office Use Only)

Receipt # _____

CC MO CK# _____

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.aati.edu * Telephone: 305-362-5519 * E-mail: admissions@aati.edu