



# ❖ American Advanced Technicians Institute ❖

## ❖ 2020 CONTINUING EDUCATION BOOK REQUEST ❖

**Registration Form for January 2020 - December 2020 / Registración para Enero 2020 - Diciembre 2020**



The Miami Dade County Motor Vehicle Repair (MVR) Ordinance requires that all mechanics and paint/body technicians MUST earn sixteen (16) hours of Continuing Education each year. *La Ordenanza de Reparación de Vehículos Motor de Miami Dade County requiere que todas las mecánicas o técnicas de pintura y chapistería, obtengan anualmente dieciséis (16) horas de Educación Continua.*

### English - 16 Hours of Continuing Education

| CODE   | DESCRIPTION                               | DVD+Book | Book | COST   |
|--------|---|----------|------|--|
| CEA042 | Anti-Lock Brakes System II                | X        |      | <b>\$160.00</b><br><br>+ Shipping<br>\$7.75<br>(if applicable) |
| CEA001 | Auto Maintenance and Light Repair         |          | X    |  |
| CEA002 | Parts Specialist                          |          | X    |  |
| CEA003 | Service Consultant                        |          | X    |  |
| CEA004 | Exhaust Systems                           |          | X    |  |
| CEA005 | Heating and Air Conditioning              |          | X    |  |
| CEA102 | Assembly Specialist                       |          | X    |  |
| CEC052 | Damage Analysis and Estimating            |          | X    |  |
| CEC054 | Mechanical & Electrical Components        |          | X    |  |
| CET104 | Gasoline Engine                           |          | X    |  |
| CET105 | Preventive Maintenance Inspection         |          | X    |  |
| CET106 | Heating, Ventilation and Air Conditioning |          | X    |  |

### Español - 16 Horas de Educación Continua

| CÓDIGO | DESCRIPCIÓN   | DVD+Libro | Libro | CD-ROM | COST   |
|--------|---|-----------|-------|--------|--|
| CEA013 | Seguridad pasiva, bolsas de aire y cinturones de seguridad      |           |       | X      | <b>\$160.00</b><br><br>+ Shipping<br>\$7.75<br>(if applicable) |
| CEA014 | Análisis de la Distribución del Motor                           |           |       | X      |  |
| CEA015 | Sensores de los Sistemas Auxiliares del Motor                   |           |       | X      |  |
| CEA016 | Componentes eléctricos, electrónicos e instrumentos de medición |           |       | X      |  |
| CEA017 | Circuitos Eléctricos Auxiliares                                 |           |       | X      |  |
| CEA018 | Sistema de Ventilación, Calefacción y Climatización             |           |       | X      |  |
| CEA042 | Sistema de Frenos Antibloqueo II                                | X         |       |        |  |
| CEC052 | Análisis de Daños y Estimados                                   |           | X     |        |  |

### English 32 Hours of Continuing Education / Español 32 Horas de Educación Continua

| CODE / CÓDIGO | DESCRIPTION / DESCRIPCIÓN                                     | Book Libro | CD-Room | COST  |
|---------------|---|------------|---------|---|
| CEA019        | Otros Circuitos Eléctricos -- ***32 Horas***                  |            | X       | <b>\$285</b><br><br>+ Shipping<br>\$7.75<br>(if applicable) |
| CEA020        | Sistemas Eléctricos de Inyección de Gasolina - ***32 Horas*** |            | X       |   |
| CEC052        | Damage Analysis & Estimating                                  | X          |         |   |
| CEC052        | Análisis de Daños y Estimados                                 | X          |         |   |

#### **POLICIES / REGLAS**

**ALL SALES ARE FINAL / NON-REFUNDABLE. NO SE ACEPTAN DEVOLUCIONES.**

**PLEASE DO NOT SEND CASH. MAKE PAYMENT TO AATI BY MONEY ORDER, CREDIT OR DEBIT CARD (PRICES SUBJECT TO CHANGE WITHOUT NOTICE). SEND IT TO 6801 W. 20<sup>th</sup> Ave., HIALEAH, FL 33014 OR FAX US AT 305-362-3134. *POR FAVOR NO MANDAR DINERO EN EFECTIVO. HACER LOS PAGOS A NOMBRE DE AATI, SOLO SE ACEPTAN GIROS POSTALES O BANCARIOS, Y TARJETAS DE CREDITO O DEBITO (LOS PRECIOS PUEDEN CAMBIAR SIN PREVIO AVISO). MANDARLO AL 6801 W. 20<sup>th</sup> Ave., HIALEAH, FL 33014 O MANDE UN FAX AL 305-362-3134.***

**All CE hours by mail expire 90 days from the date on this form. *Todas las horas por correspondencia expiran a los 90 días de la fecha de registraci3n.***

**FERPA:** I, the undersigned, hereby authorize AATI to release my information to the counties of Miami-Dade and/or Broward. This information may include but is not limited to exam certification scores, application status, expiration dates, continuing education completion status, and any information pertaining to counties requirements.

**REFERENDO DE BUCKLEY:** Yo entiendo que American Advanced Technicians Institute, Corp. por ordenanza de FERPA de 1974, no puede dar a terceras personas ninguna informaci3n de mi archivo escolar personal sin mi previa autorizaci3n escrita. De igual manera, American Advanced Technicians Institute Corp., puede proveer la informaci3n publicada en el Directorio del Estudiante sin obtener previa autorizaci3n. Si el estudiante desea que American Advanced Technicians Institute Corp., no provea dicha informaci3n deben ejecutar la forma De Solicitud de no Divulgaci3n de Informaci3n del Directorio Estudiantil disponible en el Departamento de Servicios al Estudiante.

**RELEASE OF CERTIFICATION AND CONTINUING EDUCATION TO COUNTIES**

I, the undersigned, hereby authorize AATI to release my information to the counties of Miami-Dade and/or Broward. This information may include but is not limited to exam certification scores, application status, expiration dates, continuing education completion status, and any information pertaining to counties requirements.

**USO DE INFORMACION DE CERTIFICACIONES Y DE HORAS DE EDUCACION CONTINUA**

Yo, el firmante, autorizo a AATI a dar mi informaci3n a los condados de Miami-Dade y Broward. Esta informaci3n puede incluir pero no est3 limitada a resultados de ex3menes de certificaci3n, estatus de la aplicaci3n, fechas de expiraci3n, informaci3n de educaci3n continua y cualquier otra informaci3n que pertenece a requisitos de condados.

**American Advanced Technicians Institute**

6801 West 20<sup>th</sup> Avenue, Hialeah, FL 33014 ☎ 305-362-5519 📠 fax 305-362-3134 🌐 web [www.aati.edu](http://www.aati.edu) E-mail: [admissions@aati.edu](mailto:admissions@aati.edu)



❖ **American Advanced Technicians Institute** ❖  
 ❖ **2020 CONTINUING EDUCATION BOOK REQUEST** ❖  
 Registration Form for January 2020 – December 2020  
 Registración para Enero 2020 – Diciembre 2020



**REGISTRATION FORM / Registración (Please use one form per Student / Favor utilizar una planilla por estudiante).**

|   |                           |  |                                  |  |   |
|---|---------------------------|--|----------------------------------|--|---|
| FULL NAME / NOMBRE y APELLIDO Mr. Ms.                                   |                           |  | D.O.B. / FECHA DE NACIMIENTO     |  | S.S.N#<br>XXX-XX-   |
| HOME TELEPHONE #/ CASA  | WORK TELEPHONE #/ TRABAJO | CELLULAR #   | ENGLISH <input type="checkbox"/> | ESPAÑOL <input type="checkbox"/>                       | ETHNICITY/RAZA (CIRCLE ONE) White/Non-Hispanic<br>Black/Non-Hispanic American Indian Hispanic Other   |
| ADDRESS/ DIRECCION  |                           |  | CITY/ CIUDAD                     |  | FL 33 _____   |
| BOOK CODE/ CODIGO DEL LIBRO   | EXAM / EXAMEN             | INITIALS   | RECEIVED/ RECIBIDO               | EXPIRES/EXPIRA   | EMAIL   |
| BOOK CODE/ CODIGO DEL LIBRO   | EXAM / EXAMEN             | INITIALS   | RECEIVED/ RECIBIDO               | EXPIRES/EXPIRA   | HOW DID YOU HEAR ABOUT US? (CIRCLE ONE) Existing student Referral _____<br>Internet Email Shop visits Facebook Flyers Walk-in Other _____                       |
| TOTAL AMOUNT<br>\$.....<br>+Shipping if applicable<br>\$7.75<br>\$..... | CHECK#                    | CREDIT CARD#   |                                  | Credit Card Billing Address(if different)              | STUDENT'S SIGNATURE/FIRMA DEL ESTUDIANTE<br><br>X.....<br><br>TODAY'S DATE/ FECHA: ...../...../.....<br>By signing I am accepting the policies described below. |
|   | MONEY ORDER #             | EXP ..... CVV#(Card Security #).....<br>Name on Credit Card (if Different) |                                  | CARDHOLDER SIGNATURE/ FIRMA DEL PORTADOR<br><br>X..... |   |
|   | RECEIPT#                  | .....  |                                  |  |   |

To access the quiz online / Para ingresar al examen online: MY.AATI.EDU

|                      |                        |
|----------------------|------------------------|
| User Name<br>Usuario | Password<br>Contraseña |
|----------------------|------------------------|

Are you exempt from the examination requirements of Miami Dade County?  Yes/Si  
 ¿Está usted exento de los requisitos de examinación del Condado Miami Dade?  No

|   |
|---|
| <b>RESULTS TO BE</b><br><input type="checkbox"/> Picked up<br><input type="checkbox"/> Mailed |
|---|

|  |
|--|
| <b>RESULTADOS</b><br><input type="checkbox"/> Recoger<br><input type="checkbox"/> Por Correo |
|--|

If yes, in what areas? ¿En qué área/s?

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

**AUTHORIZATION:**

I, \_\_\_\_\_ authorize \_\_\_\_\_ to pick up the results of the questionnaire submitted.  
 (Technician)  
 Yo, \_\_\_\_\_ autorizo a \_\_\_\_\_ a recoger los resultados del cuestionario.  
 (Técnico)

Signature / Firma \_\_\_\_\_