



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:

X X X - X X -

Home Telephone Number

- -

Date of Birth:

/ /
Month Day Year

Cellular Telephone Number

- -

Email Address:

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

F L

State

3 3

Zip Code

Sex: • Male • Female

**REGISTER BY:
11/15/19**

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) • 7 • 8 • 9 • 10 • 11 • 12
- After High School: Trade or Technical (Vocational) School • 1 • 2 • 3 • 4
- College • 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.

Friday, December 13th, 2019

Initials _____ **7:00PM**

Certification

- AC1 Auto: Engine Repair
- AC2 Auto: Engine Performance
- AC3 Auto: Brakes
- AC4 Auto: Suspension & Steering
- AC5 Auto: Heating & Air Conditioning
- AC6 Auto: Electrical/Electronic Systems
- AC7 Auto: Automatic Trans/Trans Axle
- AC8 Auto: Manual Drive Trains & Axles

Re-Cert.

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-
-

Certification

- TC12 Med/Hvy Truck: Engine Repair/Gasoline/Diesel
- TC13 Med/Hvy Truck: Drive Trains
- TC14 Med/Hvy Truck: Brake/Braking Systems
- TC15 Med/Hvy Truck: Suspension/Steering Systems
- TC16 Med/Hvy Truck: Elec./Electronic Systems
- BC9 Collision: Non-structural Analysis
- BC10 Collision: Painting/Refinishes
- BC11 Collision: Structural Analysis

Re-Cert.

-
-
-
-
-
-
-
-

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 _____

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