

LOCATION INFORMATION							
Location Corporation Name:			Years in Business:				
Location DBA:			Start Date of Business:				
Address:			Phone:				
City:	State License #:		Fax:				
State:	EPA Permit #:		Web Site:				
ZIP Code:			Own:	Rent:	Lease:		
OWNER INFORMATION							
Owner Name:			Years owned:				
Owner Name (2):			Years owned:				
Address:			Phone:				
City:			Fax:				
State:		Cell:					
ZIP Code:	Education:		E-mail:				
MANAGEMENT INFORMATION							
Manager Name:		Phone:					
Address:		E-Mail:					
City:	State:	ZIP Code:					
CURRENT DRP RELATIONSHIPS & OE CERTIFICATIONS							

COMPANY: COMPANY:						
DRP RELATIONSHIPS GOALS						
COMPANY: COMPANY:						
MEMBERSHIPS WITH ASSOCIATIONS						
ASA SCRS AASP State Auto Body Association BBB Chamber of Commerce						
Other Affiliations and OE Certifications:						
TRAINING						
Examples: ICAR, Equipment Manufacturer Training, Paint Company Training, Automotive Management Institute (AMI), etc.						
Owner:						
Management:						
Body Technicians:						
Structural Technicians:						
Mechanical Technicians:						
Refinish Technicians:						
Detail Technicians:						

EQUIPMENT					
Spray Booth Make:					
Paint Company:	int Company: Paint & Material Supplier:				
Unibody / Frame Equipment:					
Welding Equipment & Aluminum:					
Wheel Alignment:					
Scan Tool / Calibration Equipment:					
Plastic Welder:					
Miscellaneous:					
GENERAL REFERENCES					
Name:	Company:	Phone:			
Name:	Company:	Phone:			

I verify the information provided on this form is true and accurate to the best of my knowledge.

Signature of applicant: ______ Date: ______

Notes: