

# Certification Test Reimbursement Program



## ***Our Commitment To Your Training***

### ***Congratulations!***

...from the affiliated Pronto warehouse distributors, parts stores and service centers on your having successfully received ASE certification or recertification as the result of recent test activity.

We're pleased to recognize your accomplishment by means of this reimbursement program.

### **Program Details:**

Upon successfully achieving ASE certification or recertification, we will provide reimbursement per the testing levels on reverse side claim form.

100% of the required information specified on the reverse side Claim Form must be provided.

Please allow 4 - 6 weeks for processing.

To remain certified, those with ASE credentials must be retested every 5 years.

***Pronto is proud to support ASE certification for auto professionals!***

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# ASE CERTIFICATION REIMBURSEMENT CLAIM FORM



IMPROVING THE QUALITY OF AUTOMOTIVE REPAIR AND SERVICE

## NAME(S) OF ASE TEST(S) SUCCESSFULLY COMPLETED:

(i.e. Brakes, Heating & Air Conditioning, Painting & Refinishing, Automobile Parts Specialist, etc.)

## DATE AND PLACE (CITY NAME) TEST WAS TAKEN:

## REIMBURSEMENT AMOUNT CLAIMED:

Number of Regular Tests successfully completed: \_\_\_\_\_ x \$39.00 = \$\_\_\_\_\_ Total Claim

Number of Advanced Level Tests (L1 & L2) successfully completed: \_\_\_\_\_ x \$78.00 = \$\_\_\_\_\_ Total Claim

Number of Recertification Regular Tests successfully completed: \_\_\_\_\_ x \$39.00 = \$\_\_\_\_\_ Total Claim\*

Number of Recertification Advanced Level Tests (L1 & L2) successfully completed: \_\_\_\_\_ x \$78.00 = \$\_\_\_\_\_ Total Claim\*

\* There is a maximum reimbursement of \$117 for any combination of recertification tests.

Reimbursement Check should be made payable to:  Technician  Service Center

## PERSONAL DATA:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# Years Full Time Work Experience: \_\_\_\_\_

# Different ASE Certifications Now Held: \_\_\_\_\_  ASE Master Technician

Employed By: \_\_\_\_\_

Business Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## MEMBER VERIFICATION:

Employer Signature: \_\_\_\_\_

Pronto WD Signature: \_\_\_\_\_

## NOTE: Must attach claim documentation:

1. Photocopy of ASE test registration sign-up form, or admission ticket, and
2. Photocopy of ASE score report

## MAIL OR FAX COMPLETED CLAIM FORM TO:

ASE Certification Reimbursement | 2601 Heritage Avenue | Grapevine, TX 76051

Fax Number: 817-430-9559

Please allow 4-6 weeks for processing.

- Claims for reimbursement of fees related to unsuccessful test activity will not be honored.
- Individual ASE test registration cost will not be reimbursed.
- Pre-test study aids, test preparation courses, work shops, travel expenses, etc. - will not be reimbursed.