

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!

Certification Test Reimbursement Program



**Improving the Quality of
Automotive Repair and Service.**



© National Pronto Association

***Our Commitment
To Your Training***



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 and 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 \$35.00 = \$ _____ Total Claim

Number of Advanced Level Tests (L1 & L2) successfully completed: _____ X \$70.00 = \$ _____ Total Claim

Number of Recertification Regular Tests successfully completed: _____ X \$35.00 = \$ _____ Total Claim*

Number of Recertification Advanced Level (L1 & L2) successfully completed: _____ X \$70.00 = \$ _____ Total Claim*

**There is a maximum reimbursement of \$105.00 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: _____

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 COMPLETED CLAIM FORM TO:

ASE Certification Reimbursement • 2601 Heritage Ave. • 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.