



621 Capitol Mall  
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## Automotive Technician Training Standards (ATTS)

# RECERTIFICATION COMPLIANCE CHECK APPLICATION

Please send the ATTS certification packet that includes:

1. Recertification Compliance Check Application
2. Compliance Check Agreement
3. Instructor Profile for each instructor

Check the following that apply to your program:

- High School
- ROP/ROC
- Beginning Auto (Level I)
- Advanced Auto (Level II)
- Community College or Equivalent ROP
- Private Post-Secondary
- Introductory or Consumer Auto (Level I)
- Advanced Career Training (Level III)

### Organization Information

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

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ CA, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

501C ID \_\_\_\_\_

Automotive Department Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

We look forward to working with you. The inspection process will be initiated as soon as the "Application" and the "Instructors Profile(s)" are received.

Signature of Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_



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## Automotive Technician Training Standards (ATTS)

# RECERTIFICATION COMPLIANCE CHECK AGREEMENT

Which Certification Area are you requesting for Compliance Check? (Circle and check all that apply)

- |   |                 |                  |
|---|-----------------|------------------|
| <b>Level I</b><br><input type="checkbox"/> Automotive Technology Fundamentals<br><input type="checkbox"/> Engine Repair<br><input type="checkbox"/> Brakes<br><input type="checkbox"/> Suspensions<br><input type="checkbox"/> Drive Trains<br><input type="checkbox"/> Heating & Air Conditioning<br><input type="checkbox"/> Electrical/Engine Performance<br><input type="checkbox"/> Emission | <b>Level II</b> | <b>Level III</b> |
|---|-----------------|------------------|

Provide \*documentation that: deficient items have been reduced by 10% prior to “Compliance Check” and all new standards are in place and actually achieved.

\*Attach to this page.

<b>DEFICIENT ITEMS</b>	
<b>Program</b>	<b>Student Outcomes</b>
List Zeroes (No Evidence) by I.D. Number	List Zeroes (No Evidence) by I.D. Number
List 1's (Somewhat) by I.D. Number	List 1's (Somewhat) by I.D. Number
Date of Instrument	Date of Instrument

We the undersigned, agree with the conditions set forth in the “ATTS Inspection Procedures Handbook” and this “Inspection Agreement”.

Signature of Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_



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## Automotive Technician Training Standards (ATTS)

# INSTRUCTOR PROFILE

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

Office Location: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Lab Phone: \_\_\_\_\_

Courses Taught: \_\_\_\_\_

\_\_\_\_\_

ASE Certificates and expiration dates: \_\_\_\_\_

\_\_\_\_\_

Credentials held: \_\_\_\_\_

Professional preparation for teaching (College/degree major-minor, Equivalencies, etc.): \_\_\_\_\_

\_\_\_\_\_

List all in-service education and number of hours attended during the past five years (i.e., conferences, professional association activities, demonstration programs, formal college courses, district sponsored activities, etc.- use back of sheet for additional space): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current membership in professional and community organizations: \_\_\_\_\_

### Mail all completed forms to:

California Automotive Business Coalition - ATTS  
621 Capitol Mall, 25<sup>th</sup> Floor  
Sacramento, CA 95814

Form may be duplicated. One is needed for each instructor.