

**JOURNEYMAN TECHNICIANS AND APPRENTICES (SERVICE)  
NOTICE OF REQUIRED CERTIFICATIONS**

Date of this Notice: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Classification: \_\_\_\_\_  
 Dealership Name: \_\_\_\_\_

**A.S.E. REQUIREMENTS (SERVICE)**

<b>A.S.E. Test</b>	<b>Required (Yes/No)</b>	<b>Required Complete Date</b>	<b>Recertification Required (Yes/No)</b>	<b>Recertification Completion Date</b>
A1. Engine Repair				
A2. Automatic Trans. & Transaxle				
A3. Manual Drive Train & Axles				
A4. Suspension & Steering				
A5. Brakes				
A6. Electrical/Electronic Systems				
A7. Heating & Air Conditioning				
A8. Engine Performance				
A9. Light Vehicle Diesel Engines				
L1. Advanced Engine Performance				

**OTHER CERTIFICATION REQUIREMENTS (SERVICE)**

<b>Required Certifications</b>	<b>Required (Yes/No)</b>	<b>Required Complete Date</b>	<b>Recertification Required (Yes/No)</b>	<b>Recertification Completion Date</b>

I have read and understand the above requirements.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Dealer Representative: \_\_\_\_\_

Copy to Machinists' Union Local 701 by certified mail

**JOURNEYMAN TECHNICIANS AND APPRENTICES (BODY SHOP)  
NOTICE OF REQUIRED CERTIFICATIONS**

Date of this Notice: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Classification: \_\_\_\_\_  
 Dealership Name: \_\_\_\_\_

**A.S.E. REQUIREMENTS (BODY SHOP)**

<b>A.S.E. Test</b>	<b>Required (Yes/No)</b>	<b>Required Completion Date</b>	<b>Recertification Required (Yes/No)</b>	<b>Recertification Completion Date</b>
B2. Painting & Refinishing				
B3. Non-Structural Analysis and Damage Repair				
B4. Structural Analysis and Damage Repair				
B5. Mechanical and Electrical Components				

**OTHER CERTIFICATION REQUIREMENTS (BODY SHOP)**

<b>Required Certifications</b>	<b>Required (Yes/No)</b>	<b>Required Complete Date</b>	<b>Recertification Required (Yes/No)</b>	<b>Recertification Completion Date</b>
Welding				
ICAR Gold				
ATEG				
Paint				
Other (please list below)				

I have read and understand the above requirements.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Dealer Representative: \_\_\_\_\_

Copy to Machinists' Union Local 701 by certified mail