

# ASE Certification Reimbursement Claim Form



**Name(s) of ASE Test(s) Completed and Passed:** \_\_\_\_\_

For Example: Auto Maintenance and Light Repair Certification Test, Automobile & Light Truck Certification Test

## Date & Place Test Was Taken:

Date(s) Taken: \_\_\_\_\_ Place(s) Test Taken: \_\_\_\_\_

## Reimbursement Claim:

Number of Regular Tests Successfully Completed: \_\_\_\_\_ X \$35.00 \$ \_\_\_\_\_ Total Claim\*\*

Number of Advanced Tests Successfully Completed: \_\_\_\_\_ X \$70.00 \$ \_\_\_\_\_ Total Claim\*\*

\*\*There is a maximum reimbursement of \$105.00 for any combination of recertification tests.

Make Check Payable to: Technician \_\_\_\_\_ Service Center \_\_\_\_\_

Personal Information: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years as a Technician \_\_\_\_\_ Number of ASE Certifications held \_\_\_\_\_

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

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# of Repair Bays at your location \_\_\_\_\_ # of Technicians at your location \_\_\_\_\_

## Professionals Choice Sponsor Verification

Professionals Choice Service Center Owner / Manager

Print Name \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_

Professionals Choice Service Center Sponsor Company Name \_\_\_\_\_

Professionals Choice Service Center Sponsor Salesperson \_\_\_\_\_

**Must Attach:** Photocopy of ASE Registration and / or Admission Ticket

Photocopy of ASE Test Score Report - Reimbursement paid only if test is passed

Mail Completed form and attachments to:

ASE Certification Reimbursement  
10551 Lackman Road | Lenexa, Kansas 66219