



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 tests successfully completed: _____ X \$24.00 = \$ _____ Total Claim

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): _____

Repair Bays: _____

Technicians Employed At This Location: _____

MEMBER VERIFICATION

Pronto Employer (Signature) _____

Pronto WD (Signature) _____

NOTE:

Please 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 • 3575 Lone Star Circle, Suite 430 • Justin, TX 76247

Please Allow 4-6 Weeks For Processing.