

Certification Test Reimbursement Program



Our Commitment To Your Training

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!

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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 & 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 \$45.00 = \$_____ Total Claim

Number of Advanced Level Tests (L1 & L2) successfully completed: _____ x \$90.00 = \$_____ Total Claim

Number of Recertification Regular Tests successfully completed: _____ x \$45.00 = \$_____ Total Claim*

Number of Recertification Advanced Level Tests (L1 & L2) successfully completed: _____ x \$90.00 = \$_____ Total Claim*

* There is a maximum reimbursement of \$135 for any combination of recertification tests.

Section 609 Refrigerant Recovery & Recycling Certification: _____ x \$20.00 = \$_____ Total Claim*

* There is a maximum reimbursement of \$20 per PSC Technician for the Section 609 test.

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: _____ ASE Master Technician

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

EMAIL, MAIL OR FAX COMPLETED CLAIM FORM TO:

Email: marketing@pronto-net.com

Mail: ASE Certification Reimbursement | 2601 Heritage Avenue | Grapevine, TX 76051

Fax: 817-430-9559

Please allow 4-6 weeks for processing.

- Claims for reimbursement of fees related to unsuccessful test activity will not be honored.
- Claims must be submitted within 6 months of receiving test results.
- 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.