ENROLLMENT APPLICATION FOR DESIGNATION PROGRAMS

Check One:  ☐ AAP  ☐ MAAP  ☐ ACP

AAP: Automotive Aftermarket Professional
MAAP: Master Automotive Aftermarket Professional (must have completed AAP)
ACP: Automotive Catalog Professional (ACP)

PART A...TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Name
(First)______________________  (M.I.)______(Last) ____________________________

Company Name ___________________________________________________________

Position _________________________________________________________________

Address _________________________________________________________________

City___________________________ State ________________ Zip _________________

Contact Phone Number (___)_____________________________ DOB __________________

Email Address ____________________________________________________________________________

You are authorized to communicate my progress in the University program to my employer.

Signed ____________________________ Date __________________

Send or fax completed application to:
University of the Aftermarket, 4000 Whiting Drive, Midland, MI  48640
FAX #:  (989) 837-4439.

PART B...TO BE COMPLETED BY UNIVERSITY OF THE AFTERMARKET

Date Enrolled for AAP _______________________________ Project Completion Date __________________
AAP Completion Date _______________________________

Date Enrolled for MAAP ____________________ Leadership 2.0 Completion ______________________
Project Completion Date ______________________ MAAP Completion Date ______________________

Date enrolled in ACP ___________________________ Deliverable/Paper Completed __________________
Service Requirement Met ______________________ ACP Completion Date ______________________

Approved ____________________________________________

6/1/14