

California Automotive Business Coalition Foundation

Automotive Technician Training Standards (ATTS)

APPLICATION

Please send the ATTS certification packet that includes:

1. Inspection Procedure Handbook
2. Program Inspection Handbook
3. Skills List
4. Inspection Agreement

Check the following that apply to your program:

- High School
- ROP/ROC
- Beginning Auto (Level I)
- Advanced Auto (Level II)
- Community College or Equivalent ROP
- Private Post Secondary
- Introductory or Consumer Auto (Level I)
- Career Training (Level III)

Organization Information

District Name: _____

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Federal ID Number: _____

Automotive Dept. Contact Person Title: _____

Home Mailing Address: _____

Home City: _____ State: _____ Zip: _____

Telephone (H): _____ Fax: _____ Email: _____

Telephone (W): _____ Fax: _____ Email: _____

We look forward to working with you. The inspection process will be initiated as soon as the "Inspection Agreement" and the "Instructor Profile(s)" are received.

Signature of Contact Person

Date

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INSPECTION AGREEMENT

Indicated Areas Will Be Inspected:

- Level I Level II Level III NATEF*
- Automotive Technology Fundamentals
- Engine Repair
- Brakes
- Suspensions
- Drive Trains
- Heating & Air Conditioning
- Electrical/Engine Performance
- Emission

*If program is NATEF certified in an area, please identify expiration date on appropriate NATEF line.

**Programs that have eight (8) areas certified by NATEF will need one (1) ATTS area (Emissions) to complete full ATTS certification. Level I Fundamentals is optional.

The signing of this document by both parties is an agreement that there will be an inspection of the _____ automotive program.

Your inspection Leader is: _____

You may contact him/her at: _____

Or email: _____

Or at the following address: _____

We the undersigned, agree with the conditions set forth in the "ATTS Inspection Procedures" and this "Inspection Agreement."

School Representative: _____ Date _____

ATTS Representative: _____ Date _____

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INSTRUCTOR PROFILE

Name of Teacher: _____
First Name Last Name

Office Location: _____ Office Phone: _____ Lab Phone: _____

Courses Taught: _____

ASE Certificates and dates: _____

Credentials held: _____

Professional preparation for teaching (College, degree major-minor, etc.): _____

Work experience outside of education (business and industry, duties, and approximate dates):

List all in-serviced education and number of hours attended during the past four years (i.e., conferences, professional association activities, demonstration programs, formal college courses, district sponsored activities, etc.): _____

Current membership in professional and community organizations: _____

