

# California Automotive Business Coalition Foundation

## Automotive Technician Training Standards (ATTS)

### COMPLIANCE CHECK APPLICATION

Please send the ATTS Compliance Check packet that includes:

1. A copy of your exit report
2. A list of the Program Inspection and Skills where you scored a 0 or 1
3. Documentation of how your program has improved in at least 10% of those items
4. Updated Instructor Profiles

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 Compliance Check will be initiated as soon as the materials are received.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

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## Automotive Technician Training Standards (ATTS)

### COMPLIANCE CHECK

#### Indicated Areas Will Be Inspected:

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

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 Compliance Check Procedures" and this "Compliance Check Agreement."

School Representative: \_\_\_\_\_ Date \_\_\_\_\_

ATTS Representative: \_\_\_\_\_ Date \_\_\_\_\_

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**Automotive Technician Training Standards (ATTS)**

**INSTRUCTOR PROFILE**

Name of School: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_