

RV PARTS MANAGER/ PARTS SPECIALIST CERTIFICATION APPLICATION



Name:			
Daytime Phone:	Email (Red	quired):	
Current Employer:			
Address of Employer:			
Years with Employer:	Years of Parts Experience	e: Position:	
	STATEMENT OF UN O BE SIGNED BY THE RV PART		ANT
successful completion of spectaken at the dealership, with name be used for statistical purinformation in my certification is contained on this application is dealer/owner has provided his criteria. I understand that the Nathis application and that any in or other disciplinary action. Te	s Manager/Specialist Certification ified requirements. I further understand o outside help. I further understand poses and for evaluation of the cerecords will be treated confidentials true, complete, correct, and is more in the more manager of the cere resource of the cere in the	stand that the test will be ad that the information accertification program. I furth ally. To the best of my knowade in good faith. My immore that I have prepared for eserves the right to verify may constitute grounds for the date of registration to the date of registration to the date of the date.	administered online and must be rued in the certification process er understand that the wledge, the information nediate supervisor or the test and meet the eligibility any or all of the information on or revocation of my certification
Address:	Cit	y: State:	Zip:
Applicant's Signature:			
Supervisor's Printed Name:			
Fees: Please select which exam you	are applying for.		
RV Parts Manager Certification	n - \$249	RV Parts Specialist Cert	ification - \$199
refund. A \$25.00 administrative submitting an application. Note RV Learning Center and mail tapplication with credit card info	, ,	refund. All cancellations m It notice. Please make che enter, 3930 University Dr.	nust be made within 30 days of ecks payable to the Mike Molino , Fairfax VA 22030-2515 or fax
	ck		
Amount:			
Credit Card Number:		Exp. Date:	
	illing Address:		
Rilling Zin:	Cardholder Signature:		

10/14 Website



RV SERVICE MANAGER CERTIFICATION APPLICATION



Name:			
Daytime Phone:	Email (Required):		
Current Employer:			
Address of Employer:			
Years with Employer:	Years of Service Manager Experience:	Position:	
completion of specified requirer dealership, with no outside help statistical purposes and for eva be treated confidentially. To the is made in good faith. My imme prepared for the test and meet verify any or all of the informatic	STATEMENT OF UNDERSTATO BE SIGNED BY THE RV SERVICE MAN be Manager Certification Program and understanents. I further understand that the test will be a light of the certification program. I further understand that the information acculation of the certification program. I further understand the information contained to the supervisor or dealer/owner has provided the eligibility criteria. I understand that the Millian on this application and that any incorrect or other disciplinary action. Test candidates has	NAGER APPLICANT tand that certification dependent and in the certification produced in the certification produced in the certification produced in the information of their endorsement below the Molino RV Learning Commister and information in the information in the information in the information in the information information in the in	d must be taken at the rocess may be used for ation for my certification will true, complete, correct, and v asserting that I have enter reserves the right to nay constitute grounds for
Name:			
Address:	City:	State:	Zip:
Applicant's Signature:			
Applicant's Supervisor Name	(Printed):		
Applicant's Supervisor Signa	ture:		
Cancellation/Refund Policy: Al deducted from each refund. A subject to change without notice Mike Molino RV Learning Ceninformation to (703) 359-0152.		y for a refund. A \$25.0 days of submitting an a flike Molino RV Learnin 0-2515 or fax applicatio	00 administrative fee will be pplication. Note: prices g Center and mail to the on with credit card
	□ Money Order □ MasterCard □ VISA		
Amount:			
Credit Card Number:		_ Exp. Date:	
	ng Address:		



RV SERVICE WRITER/ADVISOR CERTIFICATION APPLICATION



	Email (Required):	
rrent Employer:		
dress of Employer:		
ars with Employer:	Years of Service Writer/Advisor Experience:	Position:
ompletion of specified recelership, with no outside tatistical purposes and for treated confidentially. To made in good faith. My incepared for the test and nerify any or all of the infor	STATEMENT OF UNDERSTANDING TO BE SIGNED BY THE RV SERVICE WRITER/ADVISO ervice Writer/Advisor Certification Program and understand uirements. I further understand that the test will be administe help. I further understand that the information accrued in the evaluation of the certification program. I further understand the best of my knowledge, the information contained on thi mediate supervisor or dealer/owner has provided their ende eet the eligibility criteria. I understand that the Mike Molino nation on this application and that any incorrect or misleadir n or other disciplinary action. Test candidates have 30 days	that certification depends upon ered on-line and must be taken a certification process may be used that the information for my certification is true, complete, corsement below asserting that I RV Learning Center reserves the information may constitute grant on the service of the constitute of the constitute of the certification of the certific
he certification exam.		
lame:		
Address:	City:	State: Zip: _
Applicant's Signature: _		
Applicant's Supervisor N	ame (Printed):	
	gnature:	
Applicant 3 Ouper visor o	gnature.	
	Writer/Advisor test is \$199.00 per candidate. Only on c: All cancellations must be in writing to qualify for a re d. All cancellations must be made within 30 days of su	fund. A \$25.00 administrativ
educted from each refun ote: prices subject to cha ail to the Mike Molino R\	nge without notice. Please make checks payable to th Learning Center, 3930 University Dr., Fairfax VA 220	ne Mike Molino RV Learning
educted from each refuncte: prices subject to cha ail to the Mike Molino R\ ard information to (703) 3	nge without notice. Please make checks payable to th Learning Center, 3930 University Dr., Fairfax VA 220	ne Mike Molino RV Learning 030-2515 or fax application w
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educted from each refuncte: prices subject to cha ail to the Mike Molino R\ ard information to (703) 3 ethod of Payment: □ Chamber	nge without notice. Please make checks payable to the Learning Center, 3930 University Dr., Fairfax VA 220 59-0152.	ne Mike Molino RV Learning 130-2515 or fax application w

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RV WARRANTY ADMINISTRATOR CERTIFICATION APPLICATION



Name:		
Daytime Phone:	Email (Required):	
Current Employer:		
Address of Employer:		
Years with Employer:	Years of Warranty Experience:	Position:
TC	STATEMENT OF UNDERSTAN BE SIGNED BY THE RV WARRANTY PER	
successful completion of spe be taken at the dealership, w process may be used for stat information in my certification contained on this application dealer/owner has provided hi criteria. I understand that the this application and that any or other disciplinary action. T	ith no outside help. I further understand that the istical purposes and for evaluation of the certical records will be treated confidentially. To the list true, complete, correct, and is made in goos/her endorsement below asserting that I have Mike Molino RV Learning Center reserves the incorrect or misleading information may constituted as a candidates have 30 days from the date of the will not be provided unless asked for by the	the test will be administered on-line and must he information accrued in the certification fication program. I further understand that the best of my knowledge, the information
Name:		
Address:	City:	State: Zip:
Applicant's Signature:		-
Supervisor's Printed Name	:	
Supervisor's Signature:		
Cancellation/Refund Policy: A deducted from each refund. subject to change without not Mike Molino RV Learning Ce information to (703) 359-0152	All cancellations must be made within 30 days tice. Please make checks payable to the Mike nter, 3930 University Dr., Fairfax VA 22030-25 2	or a refund. A \$25.00 administrative fee will be s of submitting an application. Note: prices Molino RV Learning Center and mail to the
	eck	
Amount:		
Credit Card Number:	!	Exp. Date:
Security Code:	Billing Address:	
Rilling Zin:	Cardholder Signature:	

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