

## **RV SERVICE WRITER/ADVISOR CERTIFICATION APPLICATION**

Name:				
Daytime Phone:	Email (Required):			
Current Employer:				
Address of Employer:				
ears with Employer:	Years of Service Writer/Advisor Experience:	Position:		
	STATEMENT OF UNDERSTANDIN TO BE SIGNED BY THE RV SERVICE WRITER/ADV	-		
completion of specified re dealership, with no outsid statistical purposes and fe be treated confidentially. is made in good faith. My prepared for the test and verify any or all of the info	Service Writer/Advisor Certification Program and understa equirements. I further understand that the test will be admin de help. I further understand that the information accrued in or evaluation of the certification program. I further understa To the best of my knowledge, the information contained or immediate supervisor or dealer/owner has provided their meet the eligibility criteria. I understand that the Mike Mol ormation on this application and that any incorrect or misle tion or other disciplinary action. Test candidates have 30 of	nistered on-line and in the certification pro- and that the informat in this application is t endorsement below lino RV Learning Ce ading information ma	must be taken acess may be u ion for my certi rue, complete, asserting that l nter reserves the ay constitute gr	at the ised for ification will correct, and have he right to rounds for
	City			
	City <u>:</u>			
Applicant's Supervisor	Name (Printed):			
Applicant's Supervisor	Signature:			-

The fee for the RV Service Writer/Advisor Testing is \$199.00 per candidate. Only one applicant per registration form. Cancellation/Refund Policy: All cancellations must be in writing to qualify for a refund. A \$25.00 administrative fee will be deducted from each refund. All cancellations must be made within 30 days of submitting an application. Note: prices subject to change without notice. Please make checks payable to the Mike Molino RV Learning Center and mail to the Mike Molino RV Learning Center, 3930 University Dr., Fairfax VA 22030-2515 or fax application with credit card information to (703) 359-0152.

Method of Payment:	□ Check	□ Money Order	□ MasterCard		□ Discover
Amount:				 	
Name on Credit Card					
Credit Card Number:				 _ Exp. Da	ate:
Security Code:	Billin	g Address:			
Cardholder Signature	:			 	



## RV PARTS MANAGER/PARTS SPECIALIST CERTIFICATION APPLICATION

Name (Full Legal Name): _	
Daytime Phone:	Email (Required):
Current Employer:	
Years with Employer:	Years of Parts Experience: Position:
	STATEMENT OF UNDERSTANDING TO BE SIGNED BY THE RV PARTS PERSONEL APPLICANT
successful completion of spe be taken at the dealership, w process may be used for sta information in my certification contained on this application dealer/owner has provided h criteria. I understand that the this application and that any or other disciplinary action. T	rts Manager/Specialist Certification Program and understand that certification depends upon ecified requirements. I further understand that the test will be administered on-line and must vith no outside help. I further understand that the information accrued in the certification tistical purposes and for evaluation of the certification program. I further understand that the n records will be treated confidentially. To the best of my knowledge, the information is true, complete, correct, and is made in good faith. My immediate supervisor or is/her endorsement below asserting that I have prepared for the test and meet the eligibility e Mike Molino RV Learning Center reserves the right to verify any or all of the information on incorrect or misleading information may constitute grounds for revocation of my certification Fest candidates have 30 days from the date of registration to complete the certification exam.
Name:	
Address:	City: State: Zip:
Applicant's Signature:	
Supervisor's Printed Name	):
Supervisor's Signature:	
<b>Fees</b> Please select which exam y	ou are applying for:
RV Parts Manager Certifica	tion- \$249 RV Parts Specialist Certification-\$199
refund. A \$25.00 administra submitting an application. No RV Learning Center and ma	tration form. Cancellation/Refund Policy: All cancellations must be in writing to qualify for a tive fee will be deducted from each refund. All cancellations must be made within 30 days of ote: prices subject to change without notice. Please make checks payable to the Mike Molino il to the Mike Molino RV Learning Center, 3930 University Dr., Fairfax VA 22030-2515 or fax information to (703) 359-0152.
Method of Payment: □ Ch	neck  Money Order  MasterCard  VISA  AMEX  Discover
Amount:	
Name on Credit Card:	
Credit Card Number:	Exp. Date:
-	Billing Address:
Billing Zip:	Cardholder Signature:



## **RV SERVICE MANAGER CERTIFICATION APPLICATION**

lame:				
aytime Phone:	Email (Required):			
Current Employer:				
ddress of Employer:				
ears 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 information	STATEMENT OF UNDERSTAND TO BE SIGNED BY THE RV SERVICE MANAGE ce Manager Certification Program and understand ments. I further understand that the test will be adr I further understand that the information accrued luation of the certification program. I further under best of my knowledge, the information contained diate supervisor or dealer/owner has provided the the eligibility criteria. I understand that the Mike M on on this application and that any incorrect or mis	<b>GER APPLICANT</b> I that certification deperministered on-line and id in the certification prostand that the information on this application is trair endorsement below a folino RV Learning Cerseading information material sectors.	must be taken at cess may be used on for my certifica- ue, complete, cor asserting that I ha nter reserves the i ay constitute grou	the d for ation will rrect, and ave right to nds for
revocation of my certification or the certification exam.	other disciplinary action. Test candidates have 3	0 days from the date of	f registration to co	omplete
Name:				
Address:	City:	State:	Zip:	
Applicant's Signature:				
Applicant's Supervisor Name	(Printed):			
Applicant's Supervisor Signa	ture:			

The fee for the RV Service Manager Testing is \$249.00 per candidate. Only one applicant per registration form. Cancellation/Refund Policy: All cancellations must be in writing to qualify for a refund. A \$25.00 administrative fee will be deducted from each refund. All cancellations must be made within 30 days of submitting an application. Note: prices subject to change without notice. Please make checks payable to the Mike Molino RV Learning Center and mail to the Mike Molino RV Learning Center, 3930 University Dr., Fairfax VA 22030-2515 or fax application with credit card information to (703) 359-0152.

Method of Payment:	Money Order	MasterCard		□ Discover
Amount:			 	
Name on Credit Card:			 	
Credit Card Number:			 Exp. Date:	
Security Code: Billing	g Address:			
Cardholder Signature:			 	



## RV WARRANTY ADMINISTRATOR CERTIFICATION APPLICATION

Name (Full Legal Name):				
Daytime Phone:	Email (Required):_			
Current Employer:				
Address of Employer:				
Years with Employer: Years of Wa	arranty Experience:	Position	1:	
	EMENT OF UNDERSTA	-	ICANT	
I hereby apply for the RV Warranty Administrator successful completion of specified requirements. be taken at the dealership, with no outside help. I process may be used for statistical purposes and information in my certification records will be trea contained on this application is true, complete, co dealer/owner has provided his/her endorsement I criteria. I understand that the Mike Molino RV Lea this application and that any incorrect or misleadi or other disciplinary action. Test candidates have understand that my test score will not be provided test score confidential and not disclose it to anyon	I further understand that I further understand that d for evaluation of the cer ated confidentially. To the prrect, and is made in go below asserting that I ha arning Center reserves the ing information may consist a 30 days from the date of d unless asked for by the	t the test will be the information tification progra best of my kno od faith. My imr ve prepared for he right to verify stitute grounds for for registration to	administered on-line and n accrued in the certification m. I further understand tha wledge, the information mediate supervisor or the test and meet the eligit any or all of the informatio or revocation of my certification e	nust t the pility on on ation exam. I
Name:				
Address:	City:	State:	Zip:	
Applicant's Signature:				
Supervisor's Printed Name:				
Supervisor's Signature:				
The fee for the RV Warranty Administrator Testin Cancellation/Refund Policy: All cancellations mus deducted from each refund. All cancellations mu subject to change without notice. Please make ch Mike Molino RV Learning Center, 3930 University information to (703) 359-0152	st be in writing to qualify ist be made within 30 day hecks payable to the Mik	for a refund. A s ys of submitting a Molino RV Le	\$25.00 administrative fee v an application. Note: price arning Center and mail to t	vill be s
Method of Payment:  □ Check  □ Money Orde	er 🛛 MasterCard 🗆 V	ISA 🗆 AMEX	<ul> <li>Discover</li> </ul>	
Amount:				

Name on Credit Card:			
Credit Card Number:		Exp. Date:	
Security Code:	Billing Address:		
Billing Zip:	Cardholder Signature:		