



# RV SERVICE WRITER/ADVISOR CERTIFICATION APPLICATION

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email (Required): \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Years with Employer: \_\_\_\_\_ Years of Service Writer/Advisor Experience: \_\_\_\_\_ Position: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING  
TO BE SIGNED BY THE RV SERVICE WRITER/ADVISOR APPLICANT**

I hereby apply for the RV Service Writer/Advisor Certification Program and understand that certification depends upon successful completion of specified requirements. I further understand that the test will be administered on-line and must be taken at the dealership, with no outside help. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information for my certification will be treated confidentially. To the best of my knowledge, the information contained on this application is true, complete, correct, and is made in good faith. My immediate supervisor or dealer/owner has provided their endorsement below asserting that I have prepared for the test and meet the eligibility criteria. I understand that the Mike Molino RV Learning Center reserves the right to verify any or all of the information on this application and that any incorrect or misleading information may constitute grounds for revocation of my certification or other disciplinary action. Test candidates have 30 days from the date of registration to complete the certification exam.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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  VISA  AMEX  Discover

Amount: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_



# RV PARTS MANAGER/PARTS SPECIALIST CERTIFICATION APPLICATION

Name (Full Legal Name): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email (Required): \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Years with Employer: \_\_\_\_\_ Years of Parts Experience: \_\_\_\_\_ Position: \_\_\_\_\_

## STATEMENT OF UNDERSTANDING TO BE SIGNED BY THE RV PARTS PERSONEL APPLICANT

I hereby apply for the RV Parts Manager/Specialist Certification Program and understand that certification depends upon successful completion of specified requirements. I further understand that the test will be administered on-line and must be taken at the dealership, with no outside help. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information in my certification records will be treated confidentially. To the best of my knowledge, the information contained on this application is true, complete, correct, and is made in good faith. My immediate supervisor or dealer/owner has provided his/her endorsement below asserting that I have prepared for the test and meet the eligibility criteria. I understand that the Mike Molino RV Learning Center reserves the right to verify any or all of the information on this application and that any incorrect or misleading information may constitute grounds for revocation of my certification or other disciplinary action. Test 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: \_\_\_\_\_

### Fees

Please select which exam you are applying for:

RV Parts Manager Certification- \$249 \_\_\_\_\_

RV Parts Specialist Certification-\$199 \_\_\_\_\_

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.

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Security Code: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_



# RV SERVICE MANAGER CERTIFICATION APPLICATION

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email (Required): \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Years with Employer: \_\_\_\_\_ Years of Service Manager Experience: \_\_\_\_\_ Position: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING  
TO BE SIGNED BY THE RV SERVICE MANAGER APPLICANT**

I hereby apply for the RV Service Manager Certification Program and understand that certification depends upon successful completion of specified requirements. I further understand that the test will be administered on-line and must be taken at the dealership, with no outside help. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information for my certification will be treated confidentially. To the best of my knowledge, the information contained on this application is true, complete, correct, and is made in good faith. My immediate supervisor or dealer/owner has provided their endorsement below asserting that I have prepared for the test and meet the eligibility criteria. I understand that the Mike Molino RV Learning Center reserves the right to verify any or all of the information on this application and that any incorrect or misleading information may constitute grounds for revocation of my certification or other disciplinary action. Test candidates have 30 days from the date of registration to complete the certification exam.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Supervisor Name (Printed): \_\_\_\_\_

Applicant's Supervisor Signature: \_\_\_\_\_

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.

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Security Code: \_\_\_\_\_ Billing 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 Warranty Experience: \_\_\_\_\_ Position: \_\_\_\_\_

### STATEMENT OF UNDERSTANDING TO BE SIGNED BY THE RV WARRANTY PERSONEL APPLICANT

I hereby apply for the RV Warranty Administrator Certification Program and understand that certification depends upon successful completion of specified requirements. I further understand that the test will be administered on-line and must be taken at the dealership, with no outside help. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information in my certification records will be treated confidentially. To the best of my knowledge, the information contained on this application is true, complete, correct, and is made in good faith. My immediate supervisor or dealer/owner has provided his/her endorsement below asserting that I have prepared for the test and meet the eligibility criteria. I understand that the Mike Molino RV Learning Center reserves the right to verify any or all of the information on this application and that any incorrect or misleading information may constitute grounds for revocation of my certification or other disciplinary action. Test candidates have 30 days from the date of registration to complete the certification exam. I understand that my test score will not be provided unless asked for by the dealer principal or myself. I agree to keep my test score confidential and not disclose it to anyone.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Supervisor's Printed Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

The fee for the RV Warranty Administrator 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  VISA  AMEX  Discover

Amount: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_