



PERMITTING, LICENSING, AND CONSUMER PROTECTION DIVISION  
 1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • FAX 954-765-5309

**AUTO BODY/PAINT  
 TECHNICIAN CERTIFICATION OR  
 TRAINEE PERMIT  
 APPLICATION**

**EVERY YEAR, EACH TECHNICIAN MUST SUBMIT AN APPLICATION**

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application	<input type="checkbox"/> Certified Technician <input type="checkbox"/> Trainee Technician	<b>BT #</b>	<b>License Year</b> <b>2010</b>
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Personal Information	
Applicant Name	Date of Birth
Home Address (street, city, state & zip)	Driver's License #
	E-mail Address
Mailing Address (street, city, state & zip)	Home Telephone ( ) - Cell Telephone ( ) -

Employer Information	
Employer Business Name	AB Lic. #
Business Address (street, city, state & zip)	Business Telephone ( ) -

Certification Information			Fee Information	
Area(s) of Certification	Expiration Date	Certification Copy Attached	Jan 1 thru Dec 31	
			ANNUAL FEES	LATE FEES After Dec 31st
<input type="checkbox"/> B2 Painting & Refinishing		<input type="checkbox"/>	<input type="checkbox"/> Certified Technician \$ 50.00	<input type="checkbox"/> Certified Technician \$ 10.00
<input type="checkbox"/> B4 Body Repair & Structural Analysis		<input type="checkbox"/>	<input type="checkbox"/> Technician Trainee \$ 20.00	<input type="checkbox"/> Technician Trainee \$ 5.00
			<input type="checkbox"/> Lost card/Replacement \$ 10.00 (during the year)	

<b>You MUST Provide</b>	
<input checked="" type="checkbox"/> Application	
<input checked="" type="checkbox"/> Fee	
<input checked="" type="checkbox"/> New and/or updated ASE/AATI certificates.	

Payment Information	
Credit Card Payment	Make Check Payable to:
Complete a credit card authorization form.	BROWARD COUNTY, BOARD OF COUNTY COMMISSIONERS

I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with my application, except credit card numbers, is a matter of public record and is not considered confidential.

X \_\_\_\_\_  
 Signature Date

Return this Application to: Broward County Permitting, Licensing, and Consumer Protection Division  
 1 N. University Drive, Box #302  
 Plantation, FL 33324

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ ID Card/Decal #: \_\_\_\_\_ Processor: \_\_\_\_\_