



PERMITTING, LICENSING AND CONSUMER PROTECTION DIVISION

1 North University Drive, Box 302 • Plantation, Florida 33324 • 954-765-4400 • FAX 954-765-5309

**AUTO REPAIR
TECHNICIAN CERTIFICATION,
TRAINEE OR LUBE & TIRE PERMIT
APPLICATION**

EVERY YEAR, EACH TECHNICIAN MUST SUBMIT AN APPLICATION

<input type="checkbox"/> New Application	<input type="checkbox"/> Certified Technician	AT #	License Year
<input type="checkbox"/> Renewal Application	<input type="checkbox"/> Trainee Technician		
	<input type="checkbox"/> Lube & Tire Specialist		

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	AR Lic. #
Business Address (street, city, state & zip)	Business Telephone () -

Certification Information		Fee Information Oct. 15 th thru Sept. 30 th	
Area(s) of Certification	Expiration Date	ANNUAL FEES	LATE FEES After Sept 30 th ,
<input type="checkbox"/> A1 Engine Repair		<input type="checkbox"/> Certified Technician \$ 50.00	<input type="checkbox"/> Certified Technician \$ 10.00
<input type="checkbox"/> A2 Automatic Transmission/Transaxle		<input type="checkbox"/> Technician Trainee \$ 20.00	<input type="checkbox"/> Technician Trainee \$ 5.00
<input type="checkbox"/> A3 Manual Drive Train and Axles		<input type="checkbox"/> Lube and Tire Spec. \$ 20.00	<input type="checkbox"/> Lube and Tire Spec. \$ 5.00
<input type="checkbox"/> A4 Suspension and Steering		<input type="checkbox"/> Lost card/Replacement \$ 10.00	
<input type="checkbox"/> A5 Brakes			
<input type="checkbox"/> A6 Electrical Systems			
<input type="checkbox"/> A7 Heating and Air Conditioning			
<input type="checkbox"/> A8 Engine Performance			

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

Credit Card Payment	
Credit Card Payment	Check Payment Payable to:
Complete a credit card authorization form.	BROWARD 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.

Return this Application to: PLCPD

1 N. University Dr., Box 302
Plantation, FL 33324
954-765-4400 / Fax: 954-765-5309

X _____
Signature Date

OFFICE USE ONLY

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

