



## VeriFacts Automotive Verified Quality™ (VQ) Program Application

|                           |                |
|---------------------------|----------------|
| Repair Center Name: _____ |                |
| Street Address: _____     |                |
| City, State, Zip: _____   |                |
| Phone#: _____             | Website: _____ |
| Owner: _____              | E-Mail: _____  |
| Manager: _____            | E-Mail: _____  |

|   |  |
|---|--|
| <p><b>How many Repair Centers do you have?</b> _____</p> <p><b>Total number of:</b><br/>         Estimators: _____<br/>         Metal Technicians/Helpers: _____<br/>         Painters/Helpers: _____<br/>         Other: _____</p> <p><b>Are you <u>currently</u> an I-CAR Gold Class facility?</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you a certified OEM repairer? If yes, which OEM(s):</b><br/>         _____</p> <p><b>Do you have the following:</b></p> <p>Computerized Shop Management System? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Computerized measuring system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Frame straightening equipment or dedicated bench? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Squeeze-type resistance spot welder (STRSW) that's an inverter-type? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b>How many cars do you repair each Month?</b> _____</p> <p><b>Are your Technicians Welding qualified by I-CAR or another program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some are</p> <p><b>Are your Technicians ASE Certified?</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some are</p> <p>If yes, which ASE certifications? _____</p> <p><b>Number of Paint Booth(s):</b> _____</p> <p><b>Has your Paint Booth(s) been adapted to water-borne paint technology?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

**There is a \$50.00 non-refundable VQ Application processing fee:**

|   |                             |
|---|-----------------------------|
| Credit Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> Master <input type="checkbox"/> VISA | Expiration Date: _____      |
| Credit Card No.: _____  | 3 OR 4 DIGIT SSID# : _____  |
| Card Holder Name: _____   | Card Holder Zip Code: _____ |

By signature below, I authorize payment of **\$50.00** to the credit card listed above:

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

\_\_\_\_\_  
Printed Name Title

**Please Return Completed Form via FAX to (888) 622-6905  
or email to VQ@verifactsauto.com**