



RV PARTS MANAGER/ PARTS SPECIALIST CERTIFICATION APPLICATION



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 PERSONNEL 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 online 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.

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: _____



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 test 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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Amount: _____

Name on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____

Security Code: _____ Billing Address: _____

Cardholder Signature: _____



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 test 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 WARRANTY ADMINISTRATOR CERTIFICATION APPLICATION



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: _____