



COLLISION REPAIR CORPORATE DATA

Repair Facility: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Owner: _____ Contact: _____
Phone: (_____) _____ - _____ Fax: (_____) _____ - _____
Do you have internet access? ___ Yes ___ No E-Mail Address: _____
Preferred method to be contacted (circle one) e-mail fax
Hours of Operation: _____ Tax ID Number: _____
Does your business qualify as either of the following? ___ Minority owned? ___ Woman owned?
In Massachusetts, is your shot SOMWBA Certified? [] Yes [] No If yes, date of certification: _____
Number of years in business: _____ Years at this address: _____ Number of locations: _____
Number of employees: _____ # ICAR Certified: _____ # ASE Certified: _____
of body technicians: _____ # of mechanical technicians: _____ # of estimators: _____
of refinish bays: _____ Refinish area (in sq ft): _____ # of paint booths: _____
Interior metal repair area (in sq ft): _____ Exterior metal repair area (in sq ft): _____

PLEASE DESCRIBE THE EQUIPMENT IN YOUR FACILITY. IF NOT APPLICABLE, PLEASE WRITE "NONE".

Estimating system: _____ Frame straightening equip: _____
Wheel alignment equipment: _____ Spray/bake paint equip: _____
Frame measuring equipment: _____ Welding equipment: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

- 1. Please place a check next to all of the vehicles can you accommodate?
___ Cars ___ Hybrid Vehicles ___ Light Trucks ___ Medium Trucks ___ Semis/Tractor Trailers ___ Fiberglass

Please place a check next to all of the items / services you provide:
___ Digital Images ___ Secure on-site vehicle storage
___ Air conditioning services ___ Collision related mechanical ___ 24 hour towing

Tow Company: _____ Contact: _____ Phone: (_____) _____ - _____

- 2. Please provide Labor Rates: Autos / Trucks

Body: _____ / _____ Refinish: _____ Frame: _____
Material: _____ Mechanical: _____ Aluminum-----

- 3. What type of paint do you use? _____

PLEASE PROVIDE INSURANCE COMPANY INFORMATION

Company Name: _____ Policy Number / Dates: _____
Broker Name: _____ Phone Number: (_____) _____ - _____
Address: _____ City: _____ State: _____ Zip: _____

MATERIALS REQUIRED TO PROCESS APPLICATION (CHECK IF INCLUDED)

___ This form

APPLICANT'S STATEMENT

All of the information that appears on this application is true and correct to the best of my knowledge. I understand that the enclosed information will remain confidential between Fleet Response and myself.

Signature _____ Title _____ Date _____

The parties hereby incorporate the requirements of 41 C.F.R. §§ 60-1.4 (a) (7), 60-250.4 and 60-741.4, if applicable