



MAINTENANCE REPAIR CORPORATE DATA

Repair Facility: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Owner: _____

Contact: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Do you have internet access? ___Yes ___No

E-Mail Address: _____

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: _____ : _____ # ASE Certified: _____

_____ # of mechanical technicians:

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 __

Please place a check next to all of the items / services you provide:
__Digital Images Preventative Maintenance __Engine / Transmission -----
----Air conditioning services Tires---- State Inspections ---- __24 hour towing -----

- 2. Please provide Labor Rates: Autos / Trucks

Mechanical: _____

MATERIALS REQUIRED TO PROCESS APPLICATION (CHECK IF INCLUDED)

__This form Process and Procedures _____
__C.O.I

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