## **Certification Test Reimbursement Program**







### Our Commitment To Your Training

#### Congratulations!

...from the affiliated Pronto warehouse distributors, parts stores and service centers on your having successfully received ASE certification or recertification as the result of recent test activity.

We're pleased to recognize your accomplishment by means of this reimbursement program.

#### **Program Details:**

Upon successfully achieving ASE certification or recertification, we will provide reimbursement per the testing levels on reverse side claim form.

100% of the required information specified on the reverse side Claim Form must be provided.

Please allow 4 - 6 weeks for processing.

To remain certified, those with ASE credentials must be retested every 5 years.

Pronto is proud to support ASE certification for auto professionals!

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# ASE CERTIFICATION REIMBURSEMENT CLAIM FORM



NAME(S) OF ASE TEST(S) SUC	CESSFULLY COMPLETED	):		
(i.e. Brakes, Heating & Air Conditionia	ng, Painting & Refinishing, Au	tomobile Parts Spec	ialist, etc.)	
DATE AND PLACE (CITY NAME	) TEST WAS TAKEN:			
REIMBURSEMENT AMOUNT CL	_AIMED:			
Number of Regular Tests successfully completed:			_ x \$47.00 = \$	Total Claim
Number of Advanced Level Tests (L1, L2, L3) successfully completed:			_ x \$94.00 = \$	Total Claim
The \$34 registrat	ion fee does not qualify for rei	mbursement.		
Number of Recertification Regular Tests successfully completed:			_ x \$47.00 = \$	Total Claim*
Number of Recertification Advanced Level Tests (L1, L2, L3) successfully completed:			_ x \$94.00 = \$	Total Claim*
	ursement of \$141 for any comb on fee does not qualify for reir		tion tests.	
Section 609 Refrigerant Recovery & Recycling Certification:			_ x \$19.00 = \$	Total Claim*
* There is a maximum reimbu	ursement of \$19 per PSC Tech	nnician for the Sectio	on 609 test.	
A	SE Renewal App Annual Sub	scription fee:	at \$48.00 = \$	Total Claim
Reimbursement Check sho		Technician		
	sala be made payable to.	recrimotari		Conton
PERSONAL DATA:		T 405	ID #-	
	Street			
	Street		State	
	perience:			
# Different ASE Certifications Now Held:			ASE Mast	er Technician
Business Address:	Street	City	State	Zip Code
MEMBER VERIFICATION:				
Employer Signature:				
NOTE: Must attach claim docum	nentation:			
	istration sign-up form, or adm	ission ticket, and		
Photocopy of ASE score re	• .			
EMAIL, MAIL OR FAX COMPLET	TED CLAIM FORM TO:			
Email: marketing@pronto-ne				
• ,	mbursement   2601 Heritage	Avenue   Grapevii	ne, TX 76051	
Fax: 817-430-9559 Please allow 4-6 weeks for processing.				

- Claims for reimbursement of fees related to unsuccessful test activity will not be honored.
- Claims must be submitted within 6 months of receiving test results.
- Individual ASE test registration cost will not be reimbursed.
- Pre-test study aids, test preparation courses, work shops, travel expenses, etc. will not be reimbursed.