

Dusiness name:	
Name of shop owner:	
Business address (or address of main location) Street/City/State/Zip:	
Number of locations:	Shop phone number:
Website:	Email address:
Number of years in business:	Number of overall employees:
Number of technicians (plus certifica	ations and length of employment):
Shop and technician certification and other vocational training):	I training accomplishments (i.e. ASE, ASE Master Tech, or
Local activities, charities, and comm	unity involvement activities:
	nce in the automotive service field (i.e. continuing education ess building and new vehicle technology):
Brief explanation of why this shop sh	nould be considered for the "Shop of the Year":
Name of person nominating shop: _	erated Car Care Program? If so, how long?
	Title:
Date submitted (mm/dd/yy):	