



Environmental Protection and Growth Management Department
ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION
 1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • broward.org/consumer

Auto Repair Technician Certification; Trainee/Lube and Tire Permit Application

New Application
 Certified Technician
 Lube/Tire Specialist
 License Year

Renewal Application
 Trainee Technician
 AT#

Personal Information

Applicant Name	Date of Birth		
Home Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Mobile Phone		
Driver License #	Email		

Employer Information

Business Name	AR License #		
Business Address	City	State	Zip
Business Phone	Business Email		

Certification Type

	Exp. Date		Exp. Date
<input type="checkbox"/> A1 Engine Repair	_____	<input type="checkbox"/> A5 Brakes	_____
<input type="checkbox"/> A2 Automatic Transmission/Transaxle	_____	<input type="checkbox"/> A6 Electrical Systems	_____
<input type="checkbox"/> A3 Manual Drive Train and Axles	_____	<input type="checkbox"/> A7 Heating and Air Conditioning	_____
<input type="checkbox"/> A4 Suspension and Steering	_____	<input type="checkbox"/> A8 Engine Performance	_____

You must provide new/updated ASE/AATI certificates

Fees	Payment Methods
-------------	------------------------

Annual Fees	Amount	Late Fees*	Amount	
Certified Technician	\$50	Certified Technician	\$10	Credit Card: Complete an authorization form Check: Make checks payable to: <i>Broward County Board of County Commissioners</i>
Technician Trainee	\$20	Technician Trainee	\$5	
Lube/Tire Specialist	\$20	Lube/Tire Specialist	\$5	
Lost Card/License Replacement	\$10	*Assessed after September 30		

I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with my application, except credit card numbers, is a matter of public record and is not considered confidential.

 Signature _____
 Date

Return this application with all necessary documentation and payment to the Division address above

OFFICE USE ONLY

Date Received _____ Receipt No. _____ Amount Paid _____ Processor _____ Corp Active