

AUTO BODY/PAINT SHOP LICENSE APPLICATION

| | |
|---------------------------------|-----------------------------|
| Business Account AB # | License Year 2007 |
|---------------------------------|-----------------------------|

List below the certified technician(s) and trainee(s) and **attach an application for each** listed below.

| Technician Information | | | | | | |
|------------------------|-----------------|--------------------------|--------------------------|--------------------------------|-----------------|--|
| BT # | Technician Name | Trainee | Certified | Yes Application attached | Office Use Only | |
| | | | | | New Decal # | |
| 7 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 28 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 29 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 30 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 31 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 32 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 33 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 34 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 35 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 36 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 37 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Broward County Customer Satisfaction Survey

Broward County Government wants YOUR INPUT on the quality of service you received from **CONSUMER AFFAIRS**, during the recent past. Please help us understand any rating of Disagree, Strongly Disagree, Dissatisfied, or Very Dissatisfied by providing an explanation in the comments column.

Your input will help us serve you better! Thank you for your feedback!

| Please tell us how you feel. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable | COMMENTS |
|---|--------------------------|---------------------|----------------|------------------|-----------------------|-----------------------|-----------------|
| 1. Staff Knowledge - Staff demonstrated thorough knowledge of their business. | | | | | | | |
| 2. Courtesy - Service was provided in a professional and courteous manner. | | | | | | | |
| 3. Cooperation - Staff worked with me to meet my need(s) and solve my problem(s). | | | | | | | |
| 4. Procedures - Forms and procedures were easy to understand and use. | | | | | | | |
| 5. Response Time - The product/service was provided in a reasonable amount of time. | | | | | | | |
| 6. Service Quality - The quality of product/service satisfied my needs. | | | | | | | |
| 7. Convenience - The location and hours of operation met my needs. | | | | | | | |
| 8. Website Services - Website information/services met my needs. | | | | | | | |
| Please tell us how you feel. | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied | No Opinion | COMMENTS |
| 9. Overall Satisfaction - How would you rate your satisfaction with the service overall? | | | | | | | |