



CONSUMER AFFAIRS DIVISION

115 S. Andrews Avenue, Room A460 • Fort Lauderdale, Florida 33301 • 954-357-5350 • FAX 954-765-5309

**AUTO BODY/PAINT  
TECHNICIAN CERTIFICATION OR  
TRAINEE PERMIT  
APPLICATION**

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application	<input type="checkbox"/> Certified Technician <input type="checkbox"/> Trainee Technician	<b>BT #</b>	License Year <div style="text-align: right; font-weight: bold; font-size: 1.2em;">2007</div>
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Personal Information	
Applicant Name	Date of Birth
Home Address (street, city, state & zip)	Driver's License #
Mailing Address (street, city, state & zip)	E-mail Address
	Home Telephone (    ) -
	Cell Telephone (    ) -

Employer Information	
Employer Business Name	AB Lic. #
Business Address (street, city, state & zip)	Business Telephone (    ) -

Certification Information			Fee Information	
Area(s) of Certification	Expiration Date	Certification / Diploma Copy Attached	ANNUAL FEES	Jan 1 thru Dec 31 LATE FEES After Dec 31st
<input type="checkbox"/> B2 Painting & Refinishing		<input type="checkbox"/>	<input type="checkbox"/> Certified Technician \$ 50.00	<input type="checkbox"/> Certified Technician \$ 10.00
<input type="checkbox"/> B4 Body Repair & Structural Analysis		<input type="checkbox"/>	<input type="checkbox"/> Technician Trainee \$ 20.00	<input type="checkbox"/> Technician Trainee \$ 5.00
			<input type="checkbox"/> Lost card/Replacement \$ 10.00 (during the year)	

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.

Return this Application to: Broward County Consumer Affairs Division  
115 S. Andrews Avenue, Room A460  
Fort Lauderdale, FL 33301  
954-357-5350 / Fax: 954-765-5309

**X** \_\_\_\_\_  
Signature Date

Payment Information	
Credit Card Payment	Check Payment
Complete a credit card authorization form.	<b>Make Checks Payable to:</b> BROWARD COUNTY COMMISSIONERS

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ ID Card/Decal #: \_\_\_\_\_ Processor: \_\_\_\_\_

# 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!

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