RV PARTS MANAGER/ PARTS SPECIALIST CERTIFICATION APPLICATION

Name: _____

Daytime Phone: _____ **Email (required):** _____

Current Employer: _____

Address of Employer: _____

Years with Employer: _____ **Years of Parts Experience:** _____ **Position:** _____

STATEMENT OF UNDERSTANDING
TO BE SIGNED BY THE RV PARTS APPLICANT

I hereby apply for the RV Parts Manager/Specialist Certification Program and understand that certification depends upon successful completion of specified requirements. I further understand that the test will be administered online and must be taken at the dealership, with no outside help. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information in my certification records will be treated confidentially. To the best of my knowledge, the information contained on this application is true, complete, correct, and is made in good faith. My immediate supervisor or dealer/owner has provided his/her endorsement below asserting that I have prepared for the test and meet the eligibility criteria. I understand that the Mike Molino RV Learning Center reserves the right to verify any or all of the information on this application and that any incorrect or misleading information may constitute grounds for revocation of my certification or other disciplinary action. Test candidates have 30 days from the date of registration to complete the certification exam. I agree to keep my test score confidential and not disclose it to anyone.

Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Applicant's Signature: _____

Supervisor's Printed Name: _____

Supervisor's Signature: _____

Fees: **RV Parts Manager:** $249 _____ **RV Parts Specialist:** $199 _____

Only one applicant per registration form. Cancellation/Refund Policy: All cancellations must be in writing to qualify for a refund. A $25.00 administrative fee will be deducted from each refund. All cancellations must be made within 30 days of submitting an application. Note: prices subject to change without notice.

Method of Payment: ☐ **Check** ☐ **Credit Card**

MAIL the completed application with check to: RVDA, 3930 University Dr., Fairfax VA 22030-2515. Make check payable to Mike Molino RV Learning Center.

CALL to pay with credit card: (703) 591-7130 Ext. 104 and email the completed application to info@rvda.org.

Important! For purposes of PCI Compliance, do not mail or email credit card information with this form. We appreciate your cooperation and support.