



I-CAR® Academic Alliance  
**Career and Technical School and  
 College Application**

**School Contact Information**

Application date: \_\_\_\_\_

School name: \_\_\_\_\_

School Admin contact name: \_\_\_\_\_

School address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Admin phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_ Admin e-mail: \_\_\_\_\_

Instructor name(s): \_\_\_\_\_

Instructor Phone number: \_\_\_\_\_

Instructor e-mail: \_\_\_\_\_

School: (select one)     Secondary             Post-secondary             Both

Has the school instructor attended an IQW or webinar? (list instructors below)

\_\_\_\_\_

\_\_\_\_\_

Please indicate which of the following ASE areas your school is currently certified:

Structural Analysis & Damage Repair	<input type="checkbox"/>	Non-structural Analysis & Damage Repair	<input type="checkbox"/>
Mechanical & Electrical Components	<input type="checkbox"/>	Plastic & Adhesives	<input type="checkbox"/>
Painting & Refinishing	<input type="checkbox"/>		

Required: Has the school purchased the I-CAR Live curriculum? \_\_\_\_\_

Required: Has the instructor taken at least one (1) instructor training evaluation (ITE)? \_\_\_\_\_

Your required signature below guarantees that all of the above information is accurate. By signing below you also agree to provide I-CAR with enrollment, graduation, and job-placement information for your collision repair students. I-CAR may request this information on an annual basis.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax: 847-463-5488, or mail: 5125 Trillium Blvd, Hoffman Estates, IL. 60192