



EMPLOYEE ROSTER

IN-SHOP KNOWLEDGE ASSESSMENT

I-CAR REPRESENTATIVE

NAME:

EMAIL:

PHONE:

Please submit all pages of the completed Employee Roster form, including this cover page, to: Face2Face@I-CAR.com.

Note: Submission of this form does not guarantee eligibility for In-Shop Knowledge Assessment.

Please contact I-CAR with questions at [844.505.9557](tel:844.505.9557)

Role/Position Titles for Collision Repair

Required Training Role

- Estimator
- Non-Structural Technician
- Steel Structural Technician
- Refinish Technician

Optional Training Roles

- Production Management
- Aluminum Structural Technician
- Electrical/Mechanical Technician

Non-Required Training Roles

- Office Manager
- Office Support Personnel
- Owner
- Parts Manager
- Parts Personnel
- Porter/Lot Person
- Apprentice



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IN-SHOP KNOWLEDGE ASSESSMENT

1. COMPANY INFORMATION *(REQUIRED)*

Company Name

Address

City

State

Zip

Shop ID# (If Applicable)

Phone

Fax

Email

Website

IN-SHOP KNOWLEDGE ASSESSMENT DECISION MAKER

Name

Phone

Email

Shop Type: Dealer Owned Sublet

New Shop with I-CAR



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***ANYONE NOT LISTED WILL BE REMOVED.**

2. EMPLOYEE LISTING UPDATE

I-CAR® Platinum™ Individual Role Representatives* (Required)

Role / Position	Name	I-CAR ID Number or Last Four Digits of SSN	Date of Hire/Role Start Date (Month/Day/Year)
Estimator	_____	_____	_____
Non-Structural Technician	_____	_____	_____
Steel Structural Technician	_____	_____	_____
Refinish Technician	_____	_____	_____

I-CAR Gold Class® Professionals Business Recognition (Optional)

Role / Position	Name	I-CAR ID Number or Last Four Digits of SSN	Date of Hire/Role Start Date (Month/Day/Year)
Production Management	_____	_____	_____
Aluminum Structural Technician	_____	_____	_____
Electrical/Mechanical Technician	_____	_____	_____

Employees In Roles With No Annual Training Requirements

Role / Position	Name	I-CAR ID Number or Last Four Digits of SSN	Date of Hire/Role Start Date (Month/Date/Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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3. EXISTING GOLD CLASS/I-CAR SHOP CHANGES

Role/Position	Name	I-CAR ID Number or Last Four Digits of SSN	Date of Hire/Termination Date (Month/Date/Year)
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4. TRAINING MANAGER DESIGNATION

Create your personal *myI-CAR*® account and use the Training Manager Tool to effectively manage your employee’s training.

- Monitor the progression of your Gold Class® professional business designation as well as you employee’s Platinum Individual designation.
- Plan the appropriate training path for your employees with our new and improved Training Planner
- Have immediate access to a 24/7 live feed of your employee’s training records.

Who Manages the I-CAR® training for your business?

Please indicate below who you would like to have granted access to the online Training Manager Tool. (Min. 1 Person Required)

Role/Position	Name	I-CAR ID Number or Last Four Digits of SSN	Date of Hire/Role Start Date (Month/Date/Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____