

## ENROLLMENT APPLICATION FOR DESIGNATION PROGRAMS

**Check One:**       **AAP**       **MAAP**       **ACP**

AAP:      Automotive Aftermarket Professional  
 MAAP:    Master Automotive Aftermarket Professional (must have completed AAP)  
 ACP:      Automotive Content Professional (ACP)

### **PART A...TO BE COMPLETED BY APPLICANT (PLEASE PRINT)**

Name  
 (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Company Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Number (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_

Email Address \_\_\_\_\_

You are authorized to communicate my progress in the University program to my employer.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Send or fax completed application to:  
**University of the Aftermarket, 4000 Whiting Drive, Midland, MI 48640**  
**FAX #: (989) 837-4439.**

### **PART B...TO BE COMPLETED BY UNIVERSITY OF THE AFTERMARKET**

Date Enrolled for AAP \_\_\_\_\_ Project Completion Date \_\_\_\_\_

AAP Completion Date \_\_\_\_\_

Date Enrolled for MAAP \_\_\_\_\_ Leadership 2.0 Completion \_\_\_\_\_

Project Completion Date \_\_\_\_\_ MAAP Completion Date \_\_\_\_\_

Date enrolled in ACP \_\_\_\_\_ Deliverable/Paper Completed \_\_\_\_\_

Service Requirement Met \_\_\_\_\_ ACP Completion Date \_\_\_\_\_

Approved \_\_\_\_\_