



Application Form for Registration of Continuing Education (CE) Training

Directions: For fastest service, please email completed application and supporting documents to Vinny LaMarco - Certifications Director, at vlamarco@glass.com. For other delivery options, please refer to the application instructions.

Section 1 - Applicant Contact Information Section	
Company Name	
Company Address	
Company Email	
Company Phone Number	
Registering Person	
Registering Person's Email Address <i>(if different from above)</i>	
Registering Person's Phone Number <i>(if different from above)</i>	
Name of CE Program	

Section 2 – Type of Credit	
Type of Credit Applicable to this Submission: <ul style="list-style-type: none"> - "Safety" - "Adhesive Systems" - "Installation" - "Standards & Information" (<i>ANSI/AGRSS, NAGS, and other data</i>) 	

Section 3 – Length of Class and Credit Count

Length of Class Given in minutes	
CE Credit Count to be Given for Course	

Section 4 – Outline of Course Contents

Please attach a separate document to submit course outline.

Section 5 – Use of a Test to Measure Course Comprehension

Is there a test given at part of the course? (Yes/No)	
If yes, are records of testing kept?	
If yes, must failures be re-tested?	

Section 6 – List of Main References Used

Section 7 – Internal vs External Training

Please indicate whether this course is intended for internal or external use.
Internal – to train employees only.
External – to train non-employees or as work for hire

Section 8 – Public Listing of Course (Only Applicable to External Training Courses)

Do you want the class and credits to be listed publicly? (Yes, No or N/A)

If Yes, please supply contact information for publication (including website, if applicable)

Section 9 – Payment Information (Only Applicable to External Training Courses)

If this is an external course, please calculate the fee due and write in the box to the right:
 > For AGSC Members, fee is \$50 per credit unit for the term of this application (2 years)
 > For AGSC Non-Members, fee is \$499 per credit unit for the term of this application (2 years)

Total Due - \$ _____

Payment Information

Full payment by check, in U.S. funds, or credit card is required at the time of this application. Please make checks payable to Auto Glass Safety Council.

Payment information for Credit Card Transactions: ___ Visa ___ MC ___ AMEX

Name on Card _____

Credit Card # _____

Expiration Date _____ Security Code # _____

Section 10 – For Office Use Only

Date Course was Registered by AGSC

Assigned Course Registration Number