



12160-88<sup>th</sup> Ave Surrey, BC V3W 3J2  
 Tel: (604) 635-2222 / Fax: (604) 635-2223  
 Toll Free: 1-888-546-AUTO  
 distance@autotrainingcentre.com

# DISTANCE LEARNING APPLICATION

Office use only	
Source:	
Funding Type:	
Admin Advisor	

## Part 1- Personal Information

Last Legal Name (family name)		Legal First Name (in full)		Middle Name (if applicable)	
Birth Date		Citizenship Status:	<input type="checkbox"/> Domestic	<input type="checkbox"/> International	
			<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident	
Mailing Address (street number, street)			City or Town		
Province or State	Postal Code	Country of Origin	Gender	Marital Status	
				<input type="checkbox"/> Single	<input type="checkbox"/> Married
				<input type="checkbox"/> Common Law	<input type="checkbox"/> Widowed
Primary Phone		Alternative Phone Number	Email Address		
Do you consider yourself Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes", please indicate if you are <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations					

## Part 2- Programs

<input type="checkbox"/> Distance Dispatching & Transportation Specialist \$3,998.00	<input type="checkbox"/> Distance Auto Body Estimator \$2,345.00	<input type="checkbox"/> Distance Transportation Safety Supervisor \$2,744.00
<input type="checkbox"/> Distance Mechanics \$999.00	<input type="checkbox"/> Distance Business Manager \$2,288.00	<input type="checkbox"/> Other

## Part 3: Method of payment

<input type="checkbox"/> Cheque <input type="checkbox"/> Bank Draft/Money Order payable to: Automotive Training Centre 12160 88th Ave, Surrey, BC, Canada V3W 3J2 <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amount: _____  Cardholder's Name: _____  Credit Card Number: _____  Security Code: _____ Expiry Date: _____  Cardholder's Signature: _____	<input type="checkbox"/> Wire transfer CND Account # : 9080 5286744 USD Account # : 9194-7304630 Swift # : TDOMCATTOR ABA # :26009593  Address: TD Canada Trust 19711 Willowbrook Drive Langley, BC Canada V2Y 2T6
--	---

## Part 4- Declaration

To the best of my knowledge, all of the information listed above is correct. If I am admitted to the Automotive Training Centre, I agree to abide by all its policies and regulations. I understand that the information I provide to ATC will be used for the purpose of admission, registration, research and other purposes consistent with the College and Institutions Act and the Freedom of Information and Protection of Privacy Act.

I authorize the Automotive Training Centre to make enquiries of third parties in order to obtain personal information relevant to my admissions application and to make periodic enquiries thereafter, and I acknowledge that such enquiries are necessary. I authorize the disclosure of such personal information by the Automotive Training Centre, to its agents, affiliates, credit grantors or credit reporting agencies as necessary.

Please refer to student contract regarding school policy.

Signature of applicant	Signature of spouse or parent/ guardian if applicant is under 19 years of age	Date
Signature of Institution Representative	Date	Y/MMM/DD