



National Glass Association's Certified Auto Glass Technician & Master Exam Registration Form

1. Complete the Registration Form and Check List and return it to the National Glass Association (NGA).

Upon receipt of this registration, NGA will confirm your eligibility and forward the registration information to LaserGrade Computer Testing. NGA will send you a letter confirming your registration along with information about how to register for the exam. Do not contact LaserGrade Computer Testing until you have received your confirmation letter. For more information, please visit www.glass.org/cert/cert.htm or call toll-free 866/DIAL NGA (342-5642) ext.130.

2. Please Print the Following Information:

Last Name: _____ First Name: _____ M.I.: _____

Last 4 digits of Social Security Number: XXX-XX-_____ Home Telephone: ____/____-_____ E-mail: _____

Home Address: _____

City: _____ State/Province: _____ Zip: _____ Preferred Address? Yes No

Company Name: _____ NGA Member ID: _____

Company Address: _____

City: _____ State/Province: _____ Zip: _____ Preferred Address? Yes No

Company Telephone: ____/____-_____ Fax: ____/____-_____ E-Mail: _____

3. Please Check the Applicable Exam Type and Level:

Exam Type:

- Initial Application
- Certification Renewal

Exam Level:

- Technician Level Technician Exam in Spanish
- Master Level
- "Combo" Exam (Technician & Master Exam)

4. Please Check the Applicable Exam Fees: (Prices valid until 12/31/07)

NGA Member

- \$169.95 for Technician (English/Spanish), or Master
- \$299.95 "Combo" Exam (Technician & Master Exam)
- *\$199.90 Tech Exam & Auto Glass Technician Reference Manual, plus \$7 for shipping/handling
- *\$329.95 "Combo" Exam & Auto Glass Technician Reference Manual, plus \$7 for shipping/handling

Non-Member

- \$269.95 for Technician (English/Spanish) or Master
- \$399.95 "Combo" Exam (Technician & Master Exam)
- *\$354.95 Tech Exam & Auto Glass Technician Reference Manual, plus \$7 for shipping/handling
- *\$484.95 "Combo" Exam & Auto Glass Technician Reference Manual, plus \$7 for shipping/handling

5. This Individual began Working as an Auto Glass Technician: ____/____ (Month/Year)

Company Official Signature _____

Method of Payment: Check Money Order Visa MasterCard American Express

Total Amount Paid \$ _____ *If purchasing a manual, please include \$7 for shipping/handling.

Credit Card Information:

Total Amount Charge: \$ _____ Cardholders Name: _____

Credit Card Number: _____ Expiration: _____

Signature: _____ Date: _____

Please Note: Exam fee is non-refundable if exam is not taken within one year of the registration date.

PLEASE TURN OVER TO COMPLETE THE REGISTRATION FORM

The opposite side of this form must be signed or the registration will not be processed.

NGA's Certified Auto Glass Technician Level

Please read the following information and sign below.

- ✓ I understand and can use a NAGS Catalog and NAGS Calculator.
- ✓ I understand OSHA required employee safety regulations
- ✓ I can measure and/or trace a pattern for a custom cut laminated glass part.
- ✓ I am experienced and knowledgeable in all types of auto glass replacement from windshields to backlights and gaskets to urethane.

To the best of my knowledge, the information contained in this application is true, complete, and correct, and is made in good faith. By signing this form I acknowledge that I have met the requirements listed above to be eligible for the exam. **I have read, understood and agree to be bound by the policies and procedures put into effect by the National Glass Association.** I hereby apply for the NGA Certified Auto Glass Technician Program and understand that certification depends on successful completion of specified requirements. I further understand that the information for my certification records will be treated confidentially, but that the information provided by me or accrued in the certification process also may be used for statistical purposes. This information will also be used for evaluation of the certification program and for verification purposes by potential and current employers or insurance companies. I understand that NGA reserves the right to verify any or all information on this application and that any incorrect or misleading information that compromises the certification process may constitute grounds for revocation of my certification or other disciplinary action. I agree not to display the credential marks, any certification patch, certificate, sign, or program logo that expresses or insinuates NGA certification at any time that my certification is expired, revoked, suspended, or in any way invalid.

The Following is Required:

_____ **Print Full Legal Name**

_____ **Signature of Applicant**

_____ **Date**

NGA's Certified Auto Glass Master Level

Please read the following information and sign below.

- ✓ I am experienced and knowledgeable in custom cutting and finishing of automotive laminated glass.
- ✓ I am experienced and knowledgeable in intermediate level automotive electrical testing and troubleshooting procedures and equipment.
- ✓ I am experienced and knowledgeable in OSHA required employer safety regulations.
- ✓ I am experienced and knowledgeable in OEM sunroof repair and replacement techniques.
- ✓ I am experienced and knowledgeable in advanced wind noise and water leak diagnosis and repair.
- ✓ I am experienced and knowledgeable in current standards and regulations that apply to the auto glass industry.

To the best of my knowledge, the information contained in this application is true, complete, and correct, and is made in good faith. By signing this form I acknowledge that I have met the requirements listed above to be eligible for the exam. I have read, understood and agree to be bound by the policies and procedures put into effect by the National Glass Association. I hereby apply for the NGA Certified Auto Glass Technician Program/Master and understand that certification depends on successful completion of specified requirements. I further understand that the information for my certification records will be treated confidentially, but that the information provided by me or accrued in the certification process also may be used for statistical purposes. This information will also be used for evaluation of the certification program and for verification purposes by potential and current employers or insurance companies. I understand that NGA reserves the right to verify any or all information on this application and that any incorrect or misleading information that compromises the certification process may constitute grounds for revocation of my certification or other disciplinary action. I agree not to display the credential marks, any certification patch, certificate, sign, or program logo that expresses or insinuates NGA certification at any time that my certification is expired, revoked, suspended, or in any way invalid. **The Following is Required:**

_____ **Print Full Legal Name**

_____ **Signature of Applicant**

_____ **Date**