



TRAINING COURSE APPROVAL REQUEST

INFORMATION

To request approval by the Bureau of Automotive Repair of a training course, submit a completed Training Course Approval Request form and all course materials to bar.hcsu@dca.ca.gov or by mail to Bureau of Automotive Repair, Attn. Hardware Certification and Schools Unit, 10949 North Mather Boulevard, Rancho Cordova, CA 95670.

Please type or print legibly in ink. If not applicable indicate N/A.

SECTION A. INSTRUCTOR AND INSTITUTION INFORMATION		
INSTRUCTOR NAME	CERTIFIED INSTRUCTOR NUMBER	
INSTRUCTOR TELEPHONE NUMBER	INSTRUCTOR EMAIL ADDRESS	
INSTITUTION NAME	INSTITUTION BAR ID NUMBER	
INSTITUTION ADDRESS <small>Number and Street</small>		
CITY	STATE	ZIP CODE
SECTION B. TRAINING COURSE INFORMATION		
COURSE NAME	LENGTH OF COURSE (HOURS)	
	4	8 12 16
COURSE DESCRIPTION AND OBJECTIVES (Attach additional pages if necessary)		
COURSE MATERIALS (Mark all that apply and attach a copy of all materials.)		
Course Outline/Objectives	Video Presentation	
Syllabus	Number of Hours (tenths of an hour) _____	
Lesson Plan	Online Component	
Handouts	Number of Hours _____	
PowerPoint or Slide Presentation	Website _____	
Laboratory Assignments	Final Examination	
I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all statements made on this form and on all attached documents are true and correct.		
INSTRUCTOR SIGNATURE _____ DATE _____		

NOTE: Once submitted, the Training Course Approval form and supporting documentation become the property of BAR and will be kept as a matter of record. MAKE A COPY OF THIS COMPLETED AND SIGNED FORM FOR YOUR RECORDS.