



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	Number and Street			
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.) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Course Outline/Objectives Syllabus Lesson Plan Handouts PowerPoint or Slide Presentation Laboratory Assignments </td> <td style="width: 50%; vertical-align: top;"> Video Presentation Number of Hours (tenths of an hour) _____ Online Component Number of Hours _____ Website _____ Final Examination </td> </tr> </table>			Course Outline/Objectives Syllabus Lesson Plan Handouts PowerPoint or Slide Presentation Laboratory Assignments	Video Presentation Number of Hours (tenths of an hour) _____ Online Component Number of Hours _____ Website _____ Final Examination
Course Outline/Objectives Syllabus Lesson Plan Handouts PowerPoint or Slide Presentation Laboratory Assignments	Video Presentation Number of Hours (tenths of an hour) _____ Online Component Number of Hours _____ Website _____ 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.