



Certified Automotive Fleet Specialist Program Application

Mr. Ms. Mrs. _____
LAST NAME FIRST NAME M.I.

EMPLOYMENT TITLE: _____

EMPLOYER: _____

MAILING ADDRESS: _____
STREET / PO BOX

CITY STATE ZIP CODE

OFFICE TELEPHONE # OFFICE FAX #

EMAIL ADDRESS

FLEET EXPERIENCE: (PLEASE LIST IN CHRONOLOGICAL ORDER, STARTING WITH THE MOST RECENT)

1) _____
JOB TITLE EMPLOYER DATES EMPLOYED

BRIEF JOB DESCRIPTION

2) _____
JOB TITLE EMPLOYER DATES EMPLOYED

BRIEF JOB DESCRIPTION

3) _____
JOB TITLE EMPLOYER DATES EMPLOYED

BRIEF JOB DESCRIPTION

MEMBERSHIP:

FleetPros MEMBER: YES NO CHAPTER: _____

I PREFER CORRESPONDENCE SENT TO MY: HOME BUSINESS (SAME AS ABOVE)

STREET PO BOX APT #

CITY STATE ZIP CODE

DISCLAIMER:

THE CAFS ENROLLMENT FEE entitles the participant to pursue certification for two (2) years from the enrollment date and collection of study materials. Study materials to be provided include online Study Guides. The enrollment fee alone does not cover the examination fee.

I certify that I have received, read, and understand the CAFS Information Booklet, and that I meet all standards for eligibility contained therein to participate in this program. I acknowledge that, upon payment of the enrollment fee and your acceptance of this application, I will be enrolled to pursue certification for two (2) years from the enrollment date, provided that I comply with all requirements of the CAFS program. I acknowledge the obligation to advise the CAFS program of ANY change of address.

SIGNATURE

DATE



Enrollment Fee

I acknowledge my enclosed payment will be processed upon the acceptance into the CAFS Program.

Signature

Date

Fee Structure	Member	Non-member
Enrollment Only	\$ 900.00	\$ 1,350.00

Please choose your four (4) disciplines:

- Asset Management
- Business Management
- Fleet Information Management
- Financial Management
- Maintenance Management
- Risk Management
- Professional Development
- Vehicle Fuel Management

Enrollment does not include the exam sittings. Applicants must still register for the examination by filling out an exam application.

Payment:

- Check is enclosed and made payable to **FleetPros**
- Charge My: American Express Mastercard VISA

Card Number

Exp Date

Card Billing Address

Card Holder Name

Security Code

Billing Zip Code

Card Holder Signature

Date

Submission:

Please send your application and FULL Payment to:
 FleetPros
 CAFS Program
 2820 Walton Commons, Suite 103
 Madison, WI 53718

Or Email to:
 Attn: Heather Dyer
 Subject: CAFM / CAFS Program
 Business.manager@fleetpros.org