

**New York State Association of Service Stations & Repair Shops, Inc.
6 Walker Way, Albany, New York 12205
A.T.T.P.**

STUDENT COMPLETION RECORD & COURSE DATA SUMMARY FORM

Training Agency Code #		Training Agency Name:			
Instructor Code:		Instructor Name:			
Assistant or Co-Instructor Code:		Assistant or Co-Instructor Name:			
Course Name:	Confirmation #	Start Date: / /		Completion Date: / /	
STUDENT SECTION – PLEASE PRINT CAREFULLY					
Student ID#		ID Type (See below for description.) Check only one →		SSN ____ CID ____ PP ____ AR ____	
IMPORTANT → ABOVE STUDENT ID # MUST BE EXACT – INCLUDE SPACES & DASHES WHERE NECESSARY					
Name of Business:		Street Address:		City:	Zip Code: Phone:
Certified Inspector #	D.O.B.	MM DD YY / /	AFI #		Pre-Test: Post Test:
First Name:		Middle Initial:	Last Name:		
Street Address:			City:	State:	Zip Code:
Home Phone #		County:		e-mail Address:	

SSN = Social Security Number
CID = Drivers License Number

PP = Passport Number
AR = Alien Resident Number