

Service Technician Education Program (STEP) Enrollment Form

Schools must be accredited with the ASE Education Foundation to be eligible

School information:

School's name: _____
Street address: _____
City: _____
State: _____
Zip code: _____

Instructor's Information:

Name: _____
Phone #: _____
Email: _____

GM Dealer information:

Dealer name: _____
Street address: _____
Dealer BAC: _____
City: _____
State: _____
Zip Code: _____

Dealer Point of Contact (POC) Information:

POC Name: _____
POC GMIN: _____
POC Email: _____
POC Phone: _____

Zone Team Point of Contact (POC) Information:

POC Name: _____
POC Email: _____
Zone: _____
District: _____

ASE Education Foundation Representative Point of Contact (POC) Information:

POC Name: _____
POC Email: _____
POC Phone: _____

Please submit form to: anthony.t.ratkowiak@gm.com