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| **Text  Description automatically generated** |  **Service Technician Education Program (STEP) Enrollment Form** |

**School must be accredited with the ASE Education Foundation to be eligible**

**School information**

|  |  |
| --- | --- |
| School’s Name: | Click or tap here to enter text. |
| Street Address: | Click or tap here to enter text. |
| City: | Click or tap here to enter text. |
| State: | Click or tap here to enter text. |
| Zip Code: | Click or tap here to enter text. |

**Instructor’s Information**

|  |  |
| --- | --- |
| Instructor’s Name: | Click or tap here to enter text. |
| Phone #: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

**GM Dealer information**

|  |  |
| --- | --- |
| Dealer Name: | Click or tap here to enter text. |
| Street Address: | Click or tap here to enter text. |
| Dealer BAC: | Click or tap here to enter text. |
| City: | Click or tap here to enter text. |
| State: | Click or tap here to enter text. |
| Zip Code:  | Click or tap here to enter text. |

**Dealer Point of Contact (POC) Information**

|  |  |
| --- | --- |
| POC Name: | Click or tap here to enter text. |
| POC GMIN: | Click or tap here to enter text. |
| POC Email: | Click or tap here to enter text. |
| POC Phone: | Click or tap here to enter text. |

**Zone Team Point of Contact (POC) Information**

|  |  |
| --- | --- |
| POC Name: | Click or tap here to enter text. |
| POC Email: | Click or tap here to enter text. |
| Zone: | Click or tap here to enter text. |
| District:  | Click or tap here to enter text. |

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

|  |  |
| --- | --- |
| POC Name: | Click or tap here to enter text. |
| POC Email: | Click or tap here to enter text. |
| POC Phone: | Click or tap here to enter text. |

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