



ASSET/ASEP Preliminary Data Form

Name: _____

Address: _____

Email: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____
Year Month Day

STAR/GMIN Number: _____

Apprenticeship ID Number: _____

Work Experience
at the Dealership: Years _____ Months _____ Days _____

Sponsoring Dealership: _____

Address: _____

Phone: _____

Service Manager: _____

NOTE: PLEASE SUBMIT YOUR GRADE 12 TRANSCRIPT WITH THIS FORM

Signature

Date

Send completed form to:

ATTN: Automotive Service Apprenticeship Academic Chair
Fax: 403.284.7164 Email: transportation.info@sait.ca