## **CLACKAMAS COMMUNITY COLLEGE**



## APPLICATION FOR AUTOMOTIVE REPAIR

This application is NOT a repair order. Work cannot begin until a repair order is completed and signed by the legal owner of the vehicle.

All automobiles used in our program are selected by the instructors depending on their individual training needs. Due to the large number of applications filled out each term, only the most desirable training projects are used.

There is no charge for student hours and no guarantee given for quality of work or length of time necessary to complete repairs. If your automobile is selected you will be notified when to bring it in. Our staff will call you with an approximate cost before repairs begin. A maximum fee of \$15.00 for shop supplies will be added to all repair order totals to pay for related expendable supplies, breakage and losses not otherwise identified on the work order, but necessary for job completion. An additional fee of up to \$15.00 will be charged on any jobs that require fluid disposal.

## A DEPOSIT MAY BE REQUIRED BEFORE REPAIRS BEGIN

All work must be paid for **in full** before the vehicle can be released from the shop.

## **Automotive Project Selection Policy**

It is our desire to serve both the public and businesses who hire our graduates. To avoid conflict with either, a policy has been adopted concerning automobiles being repaired in our program.

The following requirements must be met for an automobile to be used as a training project:

- 1. This application must be completed in full.
- 2. Repairs must meet the program's training needs.
- 3. The automobile must be less than 15 years old or component item be of current design.
- 4. No written or oral repair estimate has been made by a local shop.
- 5. No payment for repairs or in lieu of repairs have been made by any insurance company.
- 6. All replacement parts and supplies to be purchased through the college.
- 7. Once repairs have begun, the automobile must remain in the shop area until all repairs are completed.

I have read the above and agree	e that my automobile will meet the qualifications as stated	l:
	Date	
(Signature)	(Over)	

Name (print)				
Address	_Phone (	(home)		
City, State, Zip	(	(work)		
Email Address				
Make/Model of Auto	_Year _	N	Tiles	
Manual Transmission Automatic Transmission _		Engine Siz	æ	
4 Wheel Drive 2 Wheel Drive Licens	se Plate N	Number		
Description of repairs needed: (Please be specific)				

To help us prevent loss, theft or damage to your property, please remove from vehicle all articles of value. We will do all we can to prevent such loss and your cooperation will be appreciated. We appreciate the privilege of working on your vehicle.

Clackamas Community College Attn: Automotive Department 19600 Molalla Avenue Oregon City, OR 97045

Phone: 503-594-3049 Fax: 503-650-6640

Email: automotive@clackamas.edu