



Penske Automotive Group Academy Program Application

Applications must be submitted via postal mail or secure fax at 703.245.5258.
ALL FIELDS ARE REQUIRED.

Address NADA Academy
8400 Westpark Drive
Tysons, VA 22102
Telephone 703.821.7216
Fax 703.245.5258

OFFICE USE DATE

STUDENT INFORMATION

FIRST NAME	MI	LAST NAME	SUFFIX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS	OFFICE USE ID
<input type="text"/>	<input type="text"/>

Academy uses email to communicate time-sensitive, critical materials to students during the application and enrollment period. Provide an email address that you check regularly.

STREET ADDRESS (HOME)	JOB TITLE	
<input type="text"/>	<input type="text"/>	
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

CELL PHONE	EMERGENCY CONTACT NUMBER	EMERGENCY CONTACT NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

INTERNATIONAL PHONE (IF OTHER THAN U.S.)	COUNTRY (IF OTHER THAN U.S.)
<input type="text"/>	<input type="text"/>

I have carefully reviewed all information in this application and have answered fully and honestly to the best of my knowledge. If admitted, I will devote my full attention and abilities to the Academy curriculum, maintain appropriate standards of behavior at all times during my enrollment and not interfere with the employment relationships of other students and staff.

Applicant Signature _____ Print Name _____ Date _____

DEALERSHIP INFORMATION

DEALERSHIP NAME	OFFICE USE ID
<input type="text"/>	<input type="text"/>

STREET ADDRESS	DEALERSHIP PHONE
<input type="text"/>	<input type="text"/>

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

What manufacturer financial statement will the student be using in class? (List only one. Examples: GM, Toyota, Mack, etc.) Reynolds/Reynolds

I certify, to the best of my knowledge, the above information is true. I further certify that I am willing to bear the costs of tuition and travel for this program. I will provide financial statements and the opportunity for practical in-dealership experiences according to the requirements of the Academy.

Sponsor Signature _____ Print Name _____ Date _____

CLASS SCHEDULE	WEEK 1 Financial Management	WEEK 2 Fixed Ops 1 (Parts)	WEEK 3 Fixed Ops 2 (Service)	WEEK 4 Variable Ops 1/Variable Ops 2
DLG 013	March 12-16	May 7-11	July 9-13	August 20-24

REGISTRATION PROCESS

- Step 1: Students apply for the program by submitting the completed application and fees by secure fax at 703.245.5258 or phone 703.821.7216 with payment.
- Step 2: Pre-course work will be sent out by February 12th.

PAYMENT METHOD

All payments must be made in U.S. dollars.

- Payment may be made by credit card (VISA, MasterCard or American Express) or by check made payable to NADA Academy.
- Mail checks to: NADA Academy
8400 Westpark Drive
Tysons, VA 22102
- The nonrefundable application/admission fee of \$1,000 is due at the time of application.

PAYMENT INFORMATION

Print name as it appears on card _____

Cardholder signature _____

Cardholder email (print) _____

VISA MasterCard AmEx Check

Card Number

Expiration Date
 /

Amount \$ _____