

Legal Name of Business:

Application for Light Vehicle Repair Facilities

Glass Remove and Replace Accreditation

Registered Account Number:

Applicants are required to meet the qualifications stated in the Light Vehicle Accreditation Agreement prior to applying. For franchises, each location is required to qualify separately. All applicants will be notified of their status in writing by Manitoba Public Insurance.

This application must be completed in full. Incomplete applications may be returned.

Operating Name:						
Facility Address:						
Telephone Number:			Fax Number:			
Email Address:			Website:			
Glass Repair/Replace Equipment: Plea	ase include d	etails on all	relevant shop	equipment.		
Equipment	Manufacturer			Model #		
Tools to remove urethane glass						
Windshield Repair Kit						
Technician Training and Certification: Please list all employees and their required information below.						
EMPLOYEE NAME	Replace and Repair Tech.	OTHER ROLE (i.e., Manager)		I-CAR#		



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Insurance Requirements

Repair facilities must meet and submit proof of all insurance requirements as outlined in the Light Vehicle Accreditation Agreement.

Technology Requirements

Repair facilities must meet all technology requirements for both digital imaging and Mitchell product software as outlined in the Light Vehicle Accreditation Agreement.

Declaration

Insurance, I agree to promptly ex	ding information is true and correct. Upo kecute the signature page of the Light Veh		•
my repair facility's accreditation	status.		
Signature	Position	Date	

Personal information on this form is collected pursuant to section 36 of the Freedom of Information and Protection of Privacy Act and is used for the purpose(s) of processing applicant information. Information is collected, used, and disclosed in accordance with the Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection of information, please contact Accredited Repair through the repair shop support line – 1-855-882-4313, option 6.