



Physical Damage Management  
partners@mpi.mb.ca

Repair Shop Information	
Business Name	Registered Account Number
Business Address	Phone Number / Email

Shop Profile Changes		
<b>OEM Certification or Recognition</b>		
<input type="checkbox"/> New <input type="checkbox"/> Loss of Existing Certification or Recognition    Type:		
<b>Equipment</b>		
<input type="checkbox"/> New Equipment (photos must be submitted with this form) <input type="checkbox"/> Loss of Existing Equipment		
Equipment	Manufacturer	Model #

Staff Profile Changes			
<b>New Staff Member(s)</b>			
Name:		<input type="checkbox"/> NST <input type="checkbox"/> SST <input type="checkbox"/> AST <input type="checkbox"/> Refinisher <input type="checkbox"/> Estimator <input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> NST <input type="checkbox"/> SST <input type="checkbox"/> AST <input type="checkbox"/> Refinisher <input type="checkbox"/> Estimator <input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> NST <input type="checkbox"/> SST <input type="checkbox"/> AST <input type="checkbox"/> Refinisher <input type="checkbox"/> Estimator <input type="checkbox"/> Other:	
Name:		<input type="checkbox"/> NST <input type="checkbox"/> SST <input type="checkbox"/> AST <input type="checkbox"/> Refinisher <input type="checkbox"/> Estimator <input type="checkbox"/> Other:	
<b>Staff Member(s) No Longer Employed</b>			
Name:			
Name:			
Name:			
Name:			
Have you reported this change to I-CAR? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Completed by:
Date:

Send the completed form as an email attachment to partners@mpi.mb.ca.