**SAIT/ASSET PRELIMINARY DATA FORM**

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____
YEAR MONTH DAY

SOCIAL INSURANCE NUMBER: _____

WORK EXPERIENCE AT THE DEALERSHIP:

YEARS _____ MONTHS _____ DAYS _____

SPONSORING DEALERSHIP: _____

ADDRESS: _____

PHONE: _____

SERVICE MANAGER: _____

**NOTE: GRADE 12 TRANSCIPT *MUST* BE SUPPIED WITH THIS FORM**

_____ _____
SIGNATURE DATE