

Member: _____
Facility ID #: _____
Adjudication completed: _____



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FACILITY ACCREDITATION PROGRAM Application

The undersigned is hereby applying for participation in the Motorist Assurance Program of Canada's Facility Accreditation Program.

- Please complete one application per store/location/branch.

To apply for accreditation, you **must be** (a) a Motorist Assurance Program of Canada member; or
(b) affiliated with a Master member
(Active Green + Ross, CARQUEST, NAPA, Petro-Canada
Certigard, Uni-Sélect Inc., etc.).

Master Member Name: _____

Address: _____

City Province Postal Code

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Facility Name: _____ Store No.: _____

Facility Address: _____

City Province Postal Code

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Principal/Owner of facility: _____

Location Service Manager: _____ No. of bays at this location: _____

Length of operation under present management/ownership: _____

Date facility opened for operation: _____, _____

Date opened under current ownership: _____, _____

CONTACT/SEND ALL INFORMATION REGARDING ACCREDITATION OF THIS STORE TO:

Name: _____

Address (if different than above): _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Please Check All The Services Performed At This Location:

- | | | |
|------------------------------|--------------------|------------------------------|
| • Alignments _____ | • Engine _____ | • Transmission Rebuild _____ |
| • Brakes _____ | • "Tune-up" _____ | • Transmission Service _____ |
| • Brakes (ABS) _____ | • L.O.F. _____ | • Wheels _____ |
| • Computer Diagnostics _____ | • Rebuilding _____ | • Others (please list) _____ |
| • Drive Train _____ | • Exhaust _____ | _____ |
| • Electrical _____ | • H&AC _____ | _____ |
| • Batteries _____ | • Suspension _____ | _____ |
| • Starters/Alter. _____ | • Tires _____ | _____ |

Total number of technicians/apprentices now at this location: _____

Number of Certified Technicians: _____

Currently use: ___ Protractor Software ___ CoStar ___ other (Specify) _____

Do you self-insure Liability Insurance? [] Yes [] No

Indicate deductible threshold \$ _____

If not self-insured, do you carry Garage Liability Insurance [] Yes [] No

Name of Carrier _____ Amount: \$ _____

If not self-insured, do you have Public Liability Insurance? [] Yes [] No

Name of Carrier _____ Amount: \$ _____

Is this facility location a member of the local Better Business Bureau (BBB)? [] Yes [] No

Does this facility participate in the BBB Alternative Dispute Resolution (ADR) Program?

[] Yes [] No

If not, does the facility participate in another third party dispute resolution program?

[] Yes [] No

Name of organization/program: _____ Phone: (____) _____

Address: _____

Please indicate the number of complaints filed with your local BBB or other ADR program regarding your shop during the past 12 months: _____

Please indicate the number of complaints 90 days or less: _____

Please indicate the number of complaints more than 90 days old remaining unresolved: _____

Please also attach verification of the above information from your local BBB or other ADR program on their letterhead or enclose a copy of the official report.

Has this facility or its management/personnel, to the best of your knowledge, ever been convicted of a criminal offence for fraud related to the performance or non-performance of service on a customer vehicle? Yes No

If yes, please state the date: _____, _____ (Attach a photocopy of official documents, if available). If pardoned, provide date: _____, _____.

Have the facility, its owners, principals, managers or current personnel ever been found, to the best of your knowledge, through any administrative proceedings, to have engaged in misrepresentation or deceptive practices with regard to service on a customer's vehicle?

Yes No

If yes, date of action: _____, _____

(Attach a photocopy of official documents, if available.)

Should it subsequently be found that the facility, its owners or managers have been convicted of a criminal offence and/or have been found through administrative proceedings to have engaged in misrepresentation or deceptive practices, we agree to immediately so inform the Motorist Assurance Program of Canada, and understand that the facility Accreditation, if previously awarded, may be revoked.

If this location is a franchise, may we contact your franchisor? Yes No

If yes, please indicate contact name: _____

Phone: (____) _____

Email: _____

Will you permit the Motorist Assurance Program of Canada to review and analyze the following for your facility?

___ Yes ___ No Local Better Business Bureau or similar agency records?

___ Yes ___ No Local consumer protection organization record?

Please answer the following questions:

___ Yes ___ No Would you consider your facility externally attractive and internally clean, safe and comfortable for your customer with clean lavatory facilities?

___ Yes ___ No Would you agree to encourage technicians to obtain industry training/certification within the next 12 months?

___ Yes ___ No Is a supervisor/member of management available during all hours of service operation for customer contact and quality control purposes?

___ Yes ___ No Does your facility have or participate in any on-going training and education programs for keeping employees up-to-date on new systems that you service?

___ Yes ___ No Does your facility have technically competent service reception personnel who are trained to advise customers regarding repairs and services?

___ Yes ___ No Are you willing to abide by the program's stated Standards of Service and Pledge to Customer?

___ Yes ___ No Are you willing to display the program's Standards of Service and Pledge to Customers on either your work order and in your customer lounge or at your P.O.S.?

___ Yes ___ No Are you willing to display the program's logo on your window or door signifying your facility's participation in the Facility Accreditation Program?

___ Yes ___ No Will your facility agree to indemnify and hold the Motorist Assurance Program of Canada and its affiliates harmless for any action against them relating to your participation in the Motorist Assurance Program or any product or service provided to a customer by a Motorist Assurance Program participant?

- Yes No Will you agree to meet all the legal requirements of the municipality, province, and country in which you operate and have your facility comply with them?
- Yes No Will you agree, in the event that your facility loses accreditation (rights) for whatever reason, to immediately remove and discontinue use and display of the program logo and sign, if any, other insignias, advertising, etc. which indicates that the facility has any contract, connection or arrangements with the Motorist Assurance Program of Canada?

Applicant Acknowledgement

This is to certify that the above responses and facts are true and that the signature entered below is signed by an officer of the facility with the authority to bind the facility to the statements and responses herein.

The undersigned authorizes the Motorist Assurance Program of Canada (MAPC) and its agents to conduct a review of this facility's operations to assure its willingness to comply with the Pledge to Customers and Standards of Service. The undersigned further authorizes any person, business organization or agency to provide MAPC with any information in its file that pertains to the inspection (diagnosis) and repair activities at the facility. The undersigned further agrees, if accepted as an accredited facility, to indemnify and hold MAPC and its agents and affiliates harmless of any action taken against them as a result of the participation of this facility in the MAPC accreditation program.

Signature (Principal/Designee)

_____, _____
Today's date

Title

For _____
Company/dealer/store

I enclose the following:

- (1) Recent photograph of the outside (front) of this store. (Write facility address on the back.)
- (2) An account of the total number of complaints this facility has had during the past 12 months—including the number resolved and the number remaining unresolved. (Send attached copies of relevant documentation.)
- (3) A signed original copy of a Facility Accreditation Program Agreement.

APPLICATION MUST BE FORWARDED TO MAPC MASTER MEMBER FOR PROCESSING.