



American Advanced Technicians Institute

2026 CONTINUING EDUCATION BOOK REQUEST

Registration Form for January 2026 - December 2026 / Registración para Enero 2026 - Diciembre 2026



The Miami Dade County Motor Vehicle Repair (MVR) Ordinance requires that all mechanics and paint/body technicians MUST earn sixteen (16) hours of Continuing Education each year. *La Ordenanza de Reparación de Vehículos Motor de Miami Dade County requiere que todos los mecánicos o técnicos de pintura y chapistería, obtengan anualmente dieciséis (16) horas de Educación Continua*

English - 16 Hours of Continuing Education

CODE	DESCRIPTION	DVD+Book	Book	COST
CEA042	Anti-Lock Brakes System II	X		190.00
CEA001	Auto Maintenance and Light Repair		X	
CEA002	Parts Specialist		X	
CEA003	Service Consultant		X	
CEA004	Exhaust Systems		X	
CEA005	Heating and Air Conditioning		X	
CEA006	Brakes System		X	
CEC052	Damage Analysis and Estimating		X	
CEC054	Mechanical & Electrical Components		X	
CET104	Gasoline Engine		X	
CET105	Preventive Maintenance Inspection		X	+ Shipping \$15.00 (if applicable)
CET106	Heating, Ventilation and Air Conditioning		X	

Español - 16 Horas de Educación Continua

CÓDIGO	DESCRIPCIÓN	DVD+Libro	Libro	CD-ROM	COST
CEA013	Seguridad pasiva, bolsas de aire y cinturones de seguridad			X	190.00
CEA014	Análisis de la Distribución del Motor			X	
CEA015	Sensores de los Sistemas Auxiliares del Motor			X	
CEA016	Componentes eléctricos, electrónicos e instrumentos de medición			X	
CEA017	Circuitos Eléctricos Auxiliares			X	
CEA018	Sistema de Ventilación, Calefacción y Climatización			X	
CEA042	Sistema de Frenos Antibloqueo II	X			+ Shipping \$15.00 (if applicable)

English 32 Hours of Continuing Education / Español 32 Horas de Educación Continua

CODE / CÓDIGO	DESCRIPTION / DESCRIPCIÓN	Book Libro	CD-Room	COST
CEC0522	Damage Analysis & Estimating	X		

POLICIES / REGLAS

ALL SALES ARE FINAL / NON-REFUNDABLE. *NO SE ACEPTAN DEVOLUCIONES.*

PLEASE DO NOT SEND CASH. MAKE PAYMENT TO AATI BY MONEY ORDER, CREDIT OR DEBIT CARD (PRICES SUBJECT TO CHANGE WITHOUT NOTICE). SEND IT TO 6801 W. 20th Ave., HIALEAH, FL 33014 OR FAX US AT 305-362-3134. *FOR FAVOR NO MANDAR DINERO EN EFECTIVO. HACER LOS PAGOS A NOMBRE DE AATI, SOLO SE ACEPTAN GIROS POSTALES O BANCARIOS, Y TARJETAS DE CREDITO O DEBITO (LOS PRECIOS PUEDEN CAMBIAR SIN PREVIO AVISO). MANDARLO AL 6801 W. 20th Ave., HIALEAH, FL 33014 O MANDE UN FAX AL 305-362-3134.*

All CE hours by mail expire 90 days from the date on this form. *Todas las horas por correspondencia expiran a los 90 días de la fecha de registraci3n.*

FERPA: I, understand, under FERPA Provision of 1974, that American Advanced Technicians Institute Corp., MAY NOT release my school records to any third party without my written consent. However, American Advanced Technicians Institute Corp. may release any information published under the Student Directory without written consent. If the student wishes for American Advanced Technicians Institute Corp., to withhold such information they must provide a signed Request for a Nondisclosure Hold of a Student Directory Information Form available at the Student Services Department.

REFERENDO DE BUCKLEY: Yo entiendo que American Advanced Technicians Institute, Corp. por ordenanza de FERPA de 1974, no puede dar a terceras personas ninguna informaci3n de mi archivo escolar personal sin mi previa autorizaci3n escrita. De igual manera, American Advanced Technicians Institute Corp., puede proveer la informaci3n publicada en el Directorio del Estudiante sin obtener previa autorizaci3n. Si el estudiante desea que American Advanced Technicians Institute Corp., no provea dicha informaci3n deben ejecutar la forma De Solicitud de no Divulgaci3n de Informaci3n del Directorio Estudiantil disponible en el Departamento de Servicios al Estudiante.

RELEASE OF CERTIFICATION AND CONTINUING EDUCATION TO COUNTIES

I, the undersigned, hereby authorize AATI to release my information to the counties of Miami-Dade and/or Broward. This information may include but is not limited to exam certification scores, application status, expiration dates, continuing education completion status, and any information pertaining to counties requirements.

USO DE INFORMACION DE CERTIFICACIONES Y DE HORAS DE EDUCACION CONTINUA

Yo, el firmante, autorizo a AATI a dar mi informaci3n a los condados de Miami-Dade y Broward. Esta informaci3n puede incluir pero no est3 limitada a resultados de ex3menes de certificaci3n, estatus de la aplicaci3n, fechas de expiraci3n, informaci3n de educaci3n continua y cualquier otra informaci3n que pertenece a requisitos de condados.

American Advanced Technicians Institute

6801 West 20th Avenue, Hialeah, FL 33014 ☎ 305-362-5519 🌐 web www.aati.edu E-mail: admission@aati.edu



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Registración para Enero 2026 – Diciembre 2026



REGISTRATION FORM / Registración (Please use one form per Student / Favor utilizar una planilla por estudiante).

FULL NAME / NOMBRE y APELLIDO Mr. Ms.			D.O.B. / FECHA DE NACIMIENTO		S.S.N# XXX-XX-
HOME TELEPHONE #/ CASA	WORK TELEPHONE #/ TRABAJO	CELLULAR #	ENGLISH <input type="checkbox"/>	ESPAÑOL <input type="checkbox"/>	ETHNICITY/RAZA (CIRCLE ONE) White/Non-Hispanic Black/Non-Hispanic American Indian Hispanic Other
ADDRESS / DIRECCION			CITY / CIUDAD		FL 33 _____
BOOK CODE / CODIGO DEL LIBRO	EXAM / EXAMEN	INITIALS	RECEIVED / RECIBIDO	EXPIRES / EXPIRA	EMAIL
BOOK CODE / CODIGO DEL LIBRO	EXAM / EXAMEN	INITIALS	RECEIVED / RECIBIDO	EXPIRES / EXPIRA	HOW DID YOU HEAR ABOUT US? (CIRCLE ONE) Existing student Referral _____ Internet Email Shop visits Facebook Flyers Walk-in Other _____
TOTAL AMOUNT \$..... +Shipping if applicable \$15.00 \$.....	CHECK#	CREDIT CARD#		Credit Card Billing Address (if different)	STUDENT'S SIGNATURE / FIRMA DEL ESTUDIANTE X..... TODAY'S DATE / FECHA:/...../..... By signing I am accepting the policies described below.
	MONEY ORDER #	EXP CVV#(Card Security #).....		CARDHOLDER SIGNATURE / FIRMA DEL PORTADOR	
	RECEIPT#	Name on Credit Card (if Different)		X.....	

To access the quiz online / Para ingresar al examen online: MY.AATI.EDU

User Name Usuario	Password Contraseña
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Are you exempt from the examination requirements of Miami Dade County? Yes/Si No
 ¿Está usted exento de los requisitos de examinación del Condado Miami Dade? Sí/Si No

RESULTS TO BE
<input type="checkbox"/> Picked up
<input type="checkbox"/> Mailed

RESULTADOS
<input type="checkbox"/> Recoger
<input type="checkbox"/> Por Correo

If yes, in what areas? ¿En qué área/s?

- AC1 Auto: Engine Repair
- AC2 Auto: Engine Performance
- AC3 Auto: Brakes
- AC4 Auto: Suspension & Steering
- AC5 Auto: Heating & Air Conditioning
- AC6 Auto: Electrical/Electronic Systems
- AC7 Auto: Automatic Trans/Trans Axle
- AC8 Auto: Manual Drive Trains & Axles
- TC12 Med/Hvy Truck: Engine Repair/Gasoline/Diesel
- TC13 Med/Hvy Truck: Drive Trains
- TC14 Med/Hvy Truck: Brake/Braking Systems
- TC15 Med/Hvy Truck: Suspension/Steering Systems
- TC16 Med/Hvy Truck: Elec./Electronic Systems
- BC9 Collision: Non-structural Analysis
- BC10 Collision: Painting/Refinishes
- BC11 Collision: Structural Analysis

AUTHORIZATION:

I, _____ authorize _____ to pick up the results of the questionnaire submitted.
 (Technician)
 Yo, _____ autorizo a _____ a recoger los resultados del cuestionario.
 (Técnico)

Signature / Firma _____