Date: __________________________

To: ______________________________

From: Lake Washington Technical College
      Auto Technician Program

Regarding: Request to Repair Vehicle

Thank you for your interest in our Automotive Technician training program. As you may be aware we look for “real or live” customer work as a means for increasing the relevancy of our training program. As an educational institution, our intention is not to be in competition with local trade shops; therefore, only work needed for training is accepted. Generally speaking only vehicles less than 15 years old will meet the requirements of training for the current automotive job market.

Since we are primarily in the business of training students and the length of the training work day is shorter than local repair centers, 9 – 11:30 am, the work will most likely take longer to complete.

Customers may supply their own parts if the part quality meets repair requirements; otherwise, parts may be purchased through our suppliers at list price.

The application procedure is as follows:

• Before the instructor can commit to doing customer work, he must have specific information as to the type of vehicle, & repairs needed. We have developed a form as the first step in the application process (on the back of this memo) for you to complete and return to:

Nolan Koreski,
Automotive Technical Program
Lake Washington Technical College
11605 – 132nd AVE NE
Kirkland, WA 98034

• If the specific instructor determines that the work will be of benefit for training purposes and support the student leaning needs you will be contacted and arrangements may be made for an estimate of repair costs.

• We will retain your application for up to a year. LWIT does not train all aspects of Automotive Repair all terms.

• Approximate costs for work and Parts are as follows:

  Shop fee (book time not actual): $25.00 / hour
  Parts: List price
  Material fees: will be determined

If you have additional questions, please do not hesitate to write them on the form and the instructor or senior student will get back to you to discuss your questions.
STATEMENT OF VEHICLE REPAIRS NEEDED

Date_____________________

Owner's Name__________________________________________________________

Address: __________________________________________________________________

City _______ _______ _______ Zip

Phone 9AM-12PM (_____) ________________________________

Message Phone (_____) ________________________________

Email ___________________________________________________________________

Vehicle Year______ Make______________ Model______________________________

License plate #______________ VIN#______________________________

Check only one box: __ Tune Up, __ Major engine, __ Transmission, __ Brakes,
__ Alignment, __ Emissions, __ Electrical, __ Other: __________________________

Describe repairs needed:____________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If your vehicle is accepted for an estimate and / or repair at LWIT an instructor will make
arrangements for drop off and pickup.