

Service Location Registration Form

Please complete one form for each individual service location. All sections identified as "required" must be completed for registration. Please note that the reverse side of this form enables you to identify additional people at the location who will have access to the service location-level reporting (service managers, etc.). To obtain additional forms, please email ServiceTrainingAcademy@sta.pmh.com.

Service Location (Required)

Business Name

Primary Address

City

State/Province

ZIP Code/Postal Code

Shipping Address (If different than primary address)

City

State/Province

ZIP Code/Postal Code

Telephone Number

Fax Number

DTNA Dealer Code

of Shifts

Number of Engine Service Technicians at this Location

Total Number of Technicians at this Location

Number of Parts Associates at this Location

Main Location (Required for satellite locations) Please complete this section if the service location detailed above is a satellite (branch) location that is linked to a main location.

Business Name

Street Address

City

State/Province

ZIP Code/Postal Code

Telephone Number

DTNA Dealer Code

Location Principal (Required)

First Name

Last Name

Telephone Number

Fax Number

Email Address

Date of Birth (MM/DD)

DDC Extranet ID (If known / not required)

Primary Location Manager (Complete only if different than Location Principal)

First Name

Last Name

Telephone Number

Fax Number

Email Address

Date of Birth (MM/DD)

DDC Extranet ID (If known / not required)

Program Administrator (Required)

First Name

Last Name

Telephone Number

Fax Number

Email Address

Date of Birth (MM/DD)

DDC Extranet ID (If known / not required)

Authorization (Required)

I hereby authorize registration in the Daimler Trucks North America Service Training Academy program and I understand that this location will be automatically billed for the programs in February each year if written cancellation is not received by January 31 each year.

Authorized Signature

Title

Date

Print Name

PO#

Service Location Registration Form (continued)

Please list any additional persons at this service location who should have access to the service location-level reporting. Each person will receive a unique personal user name and password. If you have more individuals than this form will accommodate, please make a copy prior to filling out this form. Do not use this form to enroll members.

Additional Service Location-Level View (if applicable)

First Name	Last Name
Telephone Number	Fax Number
Email Address	Title
Date of Birth (MM/DD)	DDC Extranet ID (If known / not required)

First Name	Last Name
Telephone Number	Fax Number
Email Address	Title
Date of Birth (MM/DD)	DDC Extranet ID (If known / not required)

First Name	Last Name
Telephone Number	Fax Number
Email Address	Title
Date of Birth (MM/DD)	DDC Extranet ID (If known / not required)

First Name	Last Name
Telephone Number	Fax Number
Email Address	Title
Date of Birth (MM/DD)	DDC Extranet ID (If known / not required)

First Name	Last Name
Telephone Number	Fax Number
Email Address	Title
Date of Birth (MM/DD)	DDC Extranet ID (If known / not required)

First Name	Last Name
Telephone Number	Fax Number
Email Address	Title
Date of Birth (MM/DD)	DDC Extranet ID (If known / not required)

Please mail/fax completed form to:

Service Training Academy Fax (248) 488-3263
 P.O. Box 9140
 Farmington, MI 48333-9140