



National Alternative Fuels Training Consortium

Membership Application

SECTION 1

Applicant Organization:

Web site:

Applicant Representative:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Contract Officer:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Which best describes your Organization?

- 2-4 Year College or Technical School with an Automotive Training Program (Proceed to Section 2)
- 2-4 Year College without an Automotive Training Program (Proceed to Section 3)
- Career/Technology Education Center (Proceed to Section 4)
- High School (Proceed to Section 4)
- Non-Profit Organization (Proceed to Section 5)
- Government Organization (Proceed to Section 5)
- Corporation with 100+ Employees (Proceed to Section 6)
- Small Business with Less than 100 Employees (Proceed to Section 6)
- Other (Please explain):



SECTION 2: National Training Center (Automotive Training School)

Number of individual/satellite campuses:

Please provide name and location of each (Note: Each campus must join the NAFTC separately).

Organizational Support

1. Please describe the commitment of your organization as it relates to one or more of the following: environmental/clean air; obtaining energy independence; alternative fuels; alternative fuel vehicles (AFVs) and advanced technology vehicles; alternative fuels infrastructure; or other related interest.

2. Please describe the support within the organization for an alternative fuel and advanced technology vehicle training program (e.g., staff, equipment, and funding), and explain how your organization will ensure its sustainability? Attach a letter of support from your administration (President, Dean, etc.).

Academic History

3. What accreditations and/or external certifications does your automotive program have? Please provide a photocopy of each.

4. What kind of degree/certifications do your students earn in your school's automotive program(s)?

Alternative Fuels Training Activity

5. Describe your current alternative fuel or AFV and advanced technology vehicle training program (e.g., list of curricula and objectives, number of courses per year, class size, student completion rate, and other relevant information).

Instructional Design

6. Typically, what percentage of your instruction is:

Lecture: %

Lab/Shop: %

Practicum: %



7. What instructional technologies do you use in your automotive program?

[Redacted area for question 7]

8. Describe the assessment mechanism(s) used in determining that technicians have achieved the necessary competencies and skills.

[Redacted area for question 8]

Staff Qualifications

9. Please list all of your automotive instructors on the attached Staff Information Chart and submit a copy of their one-page vitae that includes all certifications with expiration dates.

Automotive Facility

10. Describe your automotive training facilities and/or physical resources. Provide square footage for classroom, lab/shop, etc. (A diagram of the automotive facility is preferred, together with pictures).

[Redacted area for question 10]

11. What industry affiliations and/or programs does your organization have?

[Redacted area for question 11]

Contributions

12. Explain the potential contributions your organization can make to the NAFTC to fulfill its mission/goals (attending NAFTC business meetings, serving as a committee member, making presentations, etc.)

[Redacted area for question 12]

13. Please provide any additional comments you would like added to this Membership Application.

[Redacted area for question 13]

Please skip other sections, complete Staff Information Chart on page 10, sign and return.

Organizational Signatures

Name of Authorized Representative:

[Redacted area for name]

Signature of Authorized Representative:

[Redacted area for signature]

Date:

[Redacted area for date]



SECTION 3: NATIONAL TRAINING CENTER (Non-Automotive Training School)

Number of individual/satellite campuses:

Please provide name and location of each (Note: Each campus must join the NAFTC separately).

Organizational Support

1. Please describe the commitment of your organization as it relates to one or more of the following: environmental/clean air; obtaining energy independence; alternative fuels; alternative fuel vehicles (AFVs) and advanced technology vehicles; alternative fuels infrastructure; or other related interest.

2. Please describe the support within the organization for an alternative fuel and/or AFV and advanced technology vehicle training program (e.g., staff, equipment, and funding), and explain how your organization will ensure its sustainability? Attach a letter of support from your administration (President, Dean, etc.).

Alternative Fuels Training/Research Activity

3. What academic/research programs have you conducted in support of alternative fuels?

4. Describe your current alternative fuels training program (e.g., list of curricula and objectives, number of courses per year, class size, student completion rate, and other relevant information). If you offer any certificates/degrees, please indicate here.

Staff Qualifications

5. Please list all of your alternative fuel, AFV, and advanced technology vehicle training and/or research personnel on the attached Staff Information Sheet. Please submit a copy of their one-page vitae.

Automotive Training/Research Facility

6. Describe your automotive training/research facilities and/or physical resources. Provide square footage for classroom, lab/shop, etc. (A diagram of the facility is preferred, together with pictures).



7. What industry affiliations and/or programs does your organization have?

Contributions

8. Explain the potential contributions your organization can make to the NAFTC to fulfill its mission/goals (attending NAFTC business meetings, serving as a committee member, making presentations, etc.)

9. Please provide any additional comments you would like added to this Membership Application.

Please skip other sections, complete Staff Information Chart on page 10, sign and return.

Organizational Signatures

Name of Authorized Representative:

Signature of Authorized Representative:

Date:



SECTION 4: Associate Training Center

Number of individual/satellite campuses:

Please provide name and location of each (Note: Each campus must join the NAFTC separately).

Organizational Support

1. Please describe the commitment of your organization as it relates to one or more of the following: environmental/clean air; obtaining energy independence; alternative fuels; alternative fuel vehicles (AFVs) and advanced technology vehicles; alternative fuels infrastructure; or other related interest.

2. Please describe the support within the organization for an alternative fuel and/or AFV and advanced technology vehicle training program (e.g., staff, equipment, and funding), and explain how your organization will ensure its sustainability? Attach a letter of support from your administration (President, Dean, etc.).

Academic History

3. What accreditations and/or external certifications does your automotive program have? Please provide a photocopy of each.

4. What kind of degree/certifications do your students earn in your school's automotive program(s)?

Alternative Fuels Training Activity

5. Describe your current alternative fuel or AFV and advanced technology vehicle training program (e.g., list of curricula and objectives, number of courses per year, class size, student completion rate, and other relevant information).

Instructional Design

6. Typically, what percentage of your instruction is:

Lecture: %

Lab/Shop: %

Practicum: %



7. What instructional technologies do you use in your automotive program?

[Redacted area for question 7]

8. Describe the assessment mechanism(s) used in determining that technicians have achieved the necessary competencies and skills.

[Redacted area for question 8]

Staff Qualifications

9. Please list all of your automotive instructors on the attached Staff Information Chart and submit a copy of their one-page vitae that includes all certifications with expiration dates.

Automotive Facility

10. Describe your automotive training facilities and/or physical resources. Provide square footage for classroom, lab/shop, etc. (A diagram of the automotive facility is preferred, together with pictures).

[Redacted area for question 10]

11. What industry affiliations and/or programs does your organization have?

[Redacted area for question 11]

Contributions

12. Explain the potential contributions your organization can make to the NAFTC to fulfill its mission/goals (attending NAFTC business meetings, serving as a committee member, making presentations, etc.)

[Redacted area for question 12]

13. Please provide any additional comments you would like added to this Membership Application.

[Redacted area for question 13]

Please skip other sections, complete Staff Information Chart on page 10, sign and return.

Organizational Signatures

Name of Authorized Representative:

[Redacted area for name]

Signature of Authorized Representative:

[Redacted area for signature]

Date:

[Redacted area for date]



SECTION 5: Non-Profit Organizations and Government Agencies

Organizational Support

1. Please describe the commitment of your organization as it relates to one or more of the following: environmental/clean air; obtaining energy independence; alternative fuels; alternative fuel vehicles (AFVs) and advanced technology vehicles; alternative fuels infrastructure; or other related interest.

[Redacted area for organizational commitment]

2. Please describe the support within the organization for an alternative fuel and/or AFV and advanced technology vehicle training program (e.g., staff, equipment, and funding), and explain how your organization will ensure its sustainability? Attach a letter of support from your administration (President, Dean, etc.).

[Redacted area for organizational support]

Alternative Fuels Activity

3. Describe your current alternative fuels activity. Please indicate any conference, training, education or outreach activities you conduct.

[Redacted area for alternative fuels activity]

Staff

4. Please submit a copy of the one-page vitae of key staff members that will be involved with the NAFTC.
5. What industry affiliations and/or programs does your organization have?

[Redacted area for staff information]

Contributions

6. Explain the potential contributions your organization can make to the NAFTC to fulfill its mission/goals (attending NAFTC business meetings, serving as a committee member, making presentations, etc.).

[Redacted area for contributions]

7. Please provide any additional comments you would like added to this Membership Application.

[Redacted area for additional comments]

Please skip other sections, complete Staff Information Chart on page 10, sign and return.

Organizational Signatures

Name of Authorized Representative:

[Redacted area for name]

Signature of Authorized Representative:

[Redacted area for signature]

Date:

[Redacted area for date]



SECTION 6: Corporate and Small Businesses

Please indicate whether you have

- 100 or more employees
 99 or fewer employees

Organizational Support

1. Please describe the commitment of your organization as it relates to one or more of the following: environmental/clean air; obtaining energy independence; alternative fuels; alternative fuel vehicles (AFVs) and advanced technology vehicles; alternative fuels infrastructure; or other related interest.

[Redacted area for organizational commitment]

2. Please describe the support within the organization for an alternative fuel and/or AFV and advanced technology vehicle training program (e.g., staff, equipment, and funding), and explain how your organization will ensure its sustainability? Attach a letter of support from your administration (President, Dean, etc.).

[Redacted area for organizational support]

Alternative Fuels Activity

3. Describe your current alternative fuel or AFV and advanced technology vehicle activity. Please indicate any conference, training, education or outreach activities you conduct or support.

[Redacted area for alternative fuels activity]

Staff

4. Please submit a copy of the one-page vitae of key staff members that will be involved with the NAFTC.

Contributions

5. Explain the potential contributions your organization can make to the NAFTC to fulfill its mission/goals (attending NAFTC business meetings, serving as a committee member, making presentations, etc.)

[Redacted area for contributions]

6. Please provide any additional comments you would like added to this Membership Application.

[Redacted area for additional comments]

Please skip other sections, complete Staff Information Chart on page 10, sign and return.

Organizational Signatures

Name of Authorized Representative:

[Redacted area for name of authorized representative]

Signature of Authorized Representative:

[Redacted area for signature of authorized representative]

Date:

[Redacted area for date]

