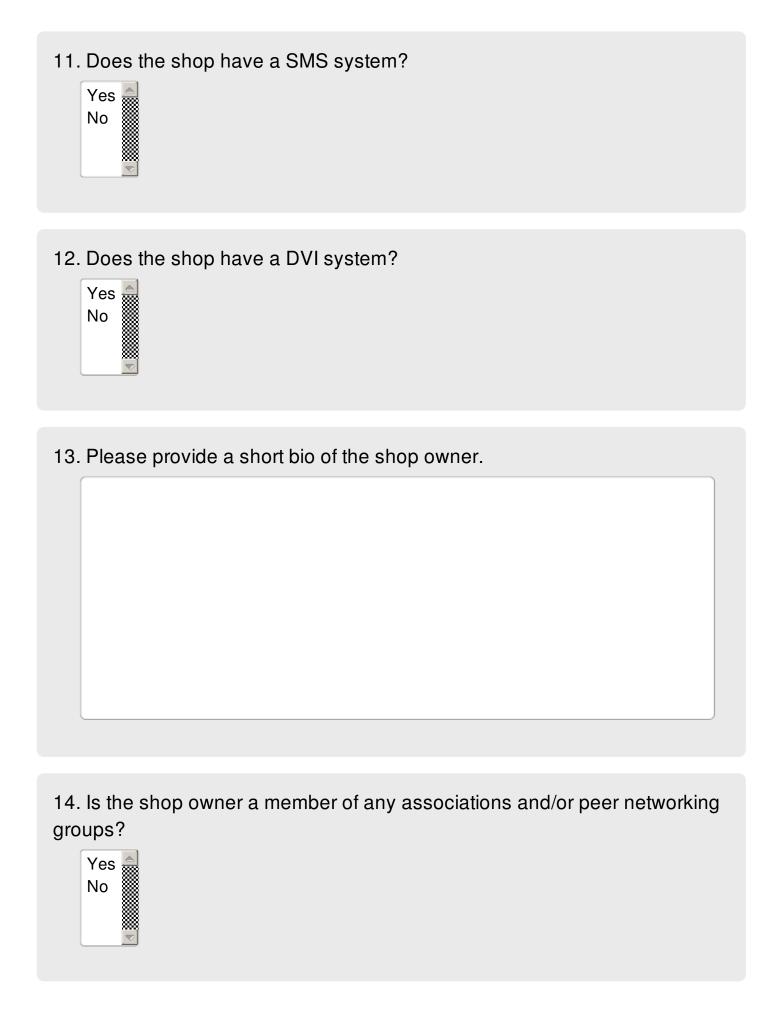
2020 AAPEX Shop Owner of the Year

General Information

| 1. Shop Owner Na | me (nominee) * |
|------------------|------------------|
| 2. Business Name | * |
| 3. Shop Owner En | nail Address * |
| 4. Shop Owner Ma | ailing Address * |
| Address Line 1 | |
| Address Line 2 | |
| City | |
| State | |
| Zip Code | |

| 5. Website URL * | | |
|---|--|--|
| 6. Name of individual submitting this nomination * | | |
| 7. Individual submitting this nomination email address * | | |
| Shop Owner Information | | |
| 8. How many years has the shop owner been in business? | | |
| 9. How many FTE technicians are employed by the shop? | | |
| | | |
| 10. How many technicians with ASE certification are employed by the shop? | | |
| | | |



| 18. Please share the shop's culture statement (i.e. vision, mission, values, purpose). | | |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| Supporting Information | | |
| 19. Recommendation Letter | | |
| Please upload your recommendation letter for the shop owner below. Browse | | |
| | | |
| 20. Shop Photos | | |
| Please submit pictures of the shop's exterior, waiting room, shop area, etc. The upload button below allows you to submit up to 5 pictures. | | |
| Browse | | |
| | | |

| Use the field | orting Links Is below to share links related to the nominee's shop, including their website and other online and a presence examples. |
|---------------|---|
| Link: | |
| | |