



## 2023 TOOL GRANT PROGRAM for New Service Technicians



### GUIDELINES AND TECHNICIAN QUALIFICATIONS:

- **ONE PER DEALERSHIP ROOFTOP, PER YEAR** - one tool grant per new PA franchised car or truck dealership rooftop, identifiable by a separate street address, per calendar year.
- **MINIMUM 90 DAYS EMPLOYMENT, NOT LONGER THAN ONE YEAR** - New technician must be employed for at least 90 days before applying, but not longer than one year and this must be the first-time the technician is employed by a franchised automotive dealership.
- **APPLICATIONS MUST BE SUBMITTED TO PAA BY DEALERSHIP MANAGEMENT** -Service Manager or Dealership Management must approve the technician and submit the application to PAA.
- **TOOL CHOICE AND OWNERSHIP** - Technician has choice of tool brand and retains ownership of tools

MAXIMUM NUMBER OF TOOL GRANTS MAY VARY PER YEAR  
AND ARE AWARDED ON A FIRST RECEIVED, FIRST AWARDED BASIS

### SECTION ONE: Must be Completed by Technician

#### TECHNICIAN INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Are you a student or graduate of a technician-training school/program?\* Check one:    Yes    No

If yes, name of school/program and grad date: \_\_\_\_\_

\*Being a graduate of a technician training school/program is not a requirement of the PAA Tool Grant Program

Signature: *(typed signature is acceptable)* \_\_\_\_\_

*Signature acknowledges that tech will complete a W-9 and receive a 1099 for tax purposes, if a tool grant is awarded.*

## SECTION TWO: Must be Completed by Service Manager or other Dealership Management

### DEALERSHIP INFORMATION

Technician Date of Hire: \_\_\_\_\_

Name of Dealership: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

### EMPLOYMENT VERIFICATION

I verify that \_\_\_\_\_ (Technician's Name)  
has completed 90 days of full-time employment as a technician, at \_\_\_\_\_  
\_\_\_\_\_ (Dealership Name) and I recommend this  
technician as a qualified applicant for the PAA \$1,000 Tool Grant Program.

Service Manager or Management Printed Name: \_\_\_\_\_

Signature: *(signature may be typed)* \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Technician's Tool Preference - Check One:                      Tool Truck                      Retail Store Gift Card

#### **REQUIRED INFORMATION, IF TOOL TRUCK:**

- Brand of Tools \_\_\_\_\_
- Name of Tool Truck Owner \_\_\_\_\_
- Address of Tool Truck Owner \_\_\_\_\_

#### **REQUIRED INFORMATION, IF RETAIL STORE GIFT CARD - CHECK ONE:**

Harbor Freight

Home Depot

Lowe's

### APPLICATION SUBMISSION:

*Applications MUST be submitted by  
Service Manager or other Dealership Management*

- Complete fillable pdf by typing information in highlighted boxes, then save and email to [toolgrants@paa.org](mailto:toolgrants@paa.org)  
-OR-
- Print document, handwrite information, then scan and email to [toolgrants@paa.org](mailto:toolgrants@paa.org)

