

**TRAA TOWING AND RECOVERY ASSOCIATION OF AMERICA INC
LEVEL 2 RECERTIFICATION APPLICATION**



CERTIFICATION ID#: _____
**DATE YOU FIRST
BECAME CERTIFIED:** _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME TELEPHONE: () _____ **BIRTH DATE:** _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: () _____ **FAX:** () _____

PAYMENT DUE: \$60.00 PAID BY: Company Self

METHOD OF PAYMENT (Please Check One)

Check made payable to TRAA

Credit Card (Please Check One)

VISA

MASTER CARD

AMERICAN EXPRESS

Card #: _____ **Expiration Date:** _____

Card Holder: _____ **Cardholder Signature:** _____

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**MAIL THIS COMPLETED APPLICATION TO: TRAA, 2121 Eisenhower Avenue,
Alexandria, VA 22314 or FAX to: (703) 684-6720.**

