

REQUEST FOR WORK

PROGRAM: Automotive Welding Construction Collision Repair Manufacturing Engineering Technology
(circle one)

Name _____ Date _____

Address _____

Home Phone Number _____ Business Phone _____

VEHICLE INFORMATION:

Make _____ Type or Model _____ Year _____

Type of Work Requested _____

Accepted _____

Next Action _____

Rejected _____

Reason _____

Instructor's Signature _____

I HEREBY AUTHORIZE WEST SOUND TECH TO COMPLETE THE SERVICE AND/OR REPAIRS AND PURCHASE THE NECESSARY MATERIALS, PARTS AND FLUIDS AGREED TO HEREIN. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AND ALL LOSS OR DAMAGE TO MY VEHICLE IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND WEST SOUND TECH'S CONTROL. I HEREBY GRANT WEST SOUND TECH'S INSTRUCTOR PERMISSION TO OPERATE THE VEHICLE IDENTIFIED ABOVE ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSES OF TESTING AND/OR INSPECTING MY VEHICLE. AN EXPRESS MECHANICS' LIEN IS HEREBY ACKNOWLEDGED ON THE ABOVE-DESCRIBED VEHICLE TO SECURE THE AMOUNT OWED FOR SERVICES AND/OR REPAIRS DESCRIBED HEREIN AND COMPLETED BY WEST SOUND TECH. YOU ARE ENTITLED TO A WRITTEN ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. YOU ARE ALSO ENTITLED TO REQUIRE THAT WEST SOUND TECH OBTAIN YOUR ORAL OR WRITTEN AUTHORIZATION BEFORE EXCEEDING THE WRITTEN PRICE ESTIMATE. YOUR SIGNATURE OR INITIALS INDICATE YOUR SELECTION.

Signature _____