

Collision Repair & Refinish Training

SPIN ID Request Form



Complete this SPIN ID Request form and provide it to the Parts Manager or your contact at your sponsoring Dealership:

Name: _____ Social Security Number: _____
SS# needed for each technician in order to have a SPIN ID generated

Mobile Phone: _____ eMail: _____

Collision Center: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ FAX: (____) _____

Contact Name: _____ E-mail: _____

Mailing Address (if different from collision center): Same as Collision Center

Address Needed to Receive SPIN ID Card – Number, Street, City, State & Zip Code

Toyota/Lexus/Scion Dealer Name: _____ Dealer Code: _____

Dealer Contact Name: _____ Title: _____

Dealer Contact Signature: _____ Phone: (____) _____

StaffMaster Job Codes

Please choose a job code that matches your job at the collision center

____ 066 - Affiliate Body Shop Estimator – AF BSH EST

____ 067 – Affiliate Body Shop Manager – AF BSH MGR

____ 068 – Affiliate BodyShop Metal Worker – AF BSH MET

____ 069 – Affiliate Body Shop Painter – SF BSH PTR

____ 070 – Affiliate Body Shop Detailer – SF BSH DET

SPIN Numbers are mandatory in order to take and receive credit for attending training.