



Connect with a successful shop owner to get advice and help keep you on track!

Application for Shop Mentor Program

FREE and CONFIDENTIAL Program for ACA members

				population annual successful transcription orders : 4
				relationship
Address				mentorship
Contact		Position		practice if
Work #	Cell #	Cell # Email		
How many: _	TechniciansService bays	Service advisors	Add'l office staff	Other
	□ Under \$100,000 □ \$100,000 - \$250,000	= \$500,000 - \$750,000	□ \$750,000 - \$1,000,000 □ More than \$1,000,000	
Website:				
What sho	o management system do you i	use?		
What is yo	ductivityEmployee Pay Plans our shop's biggest struggle? your shop hours?			
Who are y	our 3 biggest competitors?			
What time	e do you typically arrive at the	e shop?	_ What time do you le	ave?
How many	y hours a week do you typically	y work?		
Do you ta	ke vacations? ☐ Yes ☐ No	When was the last time	e you took vacation? _	
Does your	spouse work in the business?	☐ Yes, full-time ☐ Ye	es, part-time 🗖 No	☐ Not applicable
Have you	or your shop participated in a	20-group/bottom-line	group in the past? \Box	Yes □ No
If yes, wh	en			
Pr Sh	op Size:Small-sized shop	that is (check all that a aOutside of my state o ownerMedium-sized erSmall-medium city s	Multi-location shop ov shop ownerLarge-si	zed shop owner
	ocation:Rural shop owner	erSmall-medium city s	hop ownerLarge city	r shop owner

Questions? 816-413-9800

Email to info@autocarealliance.org or Fax to 816.817.2260