



Apple Authorized Training Center Application

The Apple Authorized Training Center program's mission is to provide superior training to Apple institutional customers ranging from beginner to seasoned professional.

Program Goals

- To provide quality and consistent training for all institutional training audiences
- To make training accessible throughout the U.S.
- To educate and increase awareness of Apple hardware and software products

Benefits of Participation

- Access to Apple-developed courseware
- Use of the official Apple Authorized Training Center logo
- Training schedule hosted on Apple's website (receives approximately 1 million visitors daily)
- Opportunity to work with Apple and other training organizations
- Discounts on Apple software (for training purposes only)
- Discounts on third-party software and hardware (for training purposes only when applicable)

Apple Supports You

- Apple logo to promote your alliance with Apple Training
- Customer referrals
- Web links
- Priority shipment on software releases
- Comarketing opportunities
- Direct contact within Apple to facilitate special needs and/or requests

Thank you for your interest in becoming an Apple Authorized Training Center (AATC) for user and technical training courses.

Apple welcomes all applicants, including independent companies, corporations, academic institutions, and Value Added Resellers. We select centers based on a proven track record and recognition within the area of user and technical training. Each applicant is asked to have:

- At least one year of experience delivering third-party computer technology training
- A willingness to invest in marketing and sales activities
- A commitment to invest in your facility, equipment, and the certification of your company's trainers through the ACT program (for details, access the Apple Certified Trainer Program Guide, www.training.apple.com)

We will use the information provided in this application to determine your eligibility for authorization. For more information on this program, see the Apple Authorized Training Center Program Guide at training.apple.com.

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Program Overview

The AATC program is committed to providing superior training to Apple institutional customers ranging from beginner to seasoned professional. The training centers within this program will deliver Apple's proprietary developed courses in Apple approved facilities through trainers who have met Apple's quality standards.

Application Process

Please type or print clearly when filling out this application.

Apple will contact each applicant within six to eight weeks from the receipt of the application. If you would like to check the status of your application, please send an email to trainingcenter@apple.com.

It is recommended that you become familiar with both the Apple Certified Trainer program (training.apple.com) and the Facility Requirement Document prior to applying.

1. Complete and submit the application and a nonrefundable processing fee of US\$300 (includes Dunn and Bradstreet report and other background checks) by registered mail to:

Apple Customer Training, AATC Program
Apple
1 Infinite Loop, M/S 38-3AT
Cupertino, CA 95014
2. Within six to eight weeks you will receive an email identifying the status of your application
3. Apple will visit the training center facility to confirm it meets the requirements outlined in the Facility Requirements Document
4. If approved, you will receive the AATC contract that must be signed and submitted along with the annual nonrefundable program fee of US\$2500
5. Applicant is an approved AATC

Application Date: _____

Section 1: Company Information

Company

Company Name _____

Address _____

City/State/Zip Code _____

Email _____

Company URL _____

Phone _____ Fax _____

Primary Contact Information

First and Last Name _____

Phone _____ Alternate Number _____

Fax _____ Email _____

Type of business. (Check all that apply.)

- ☐ Sole Proprietorship
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Corporation Date of Incorporation _____
- ☐ Federal Employer ID Number _____
- ☐ State Employer ID Number _____

Historically Underutilized Business (HUB) (U.S. applicants only)

Business classification. (Check all that apply.)

- ☐ Small Business
- ☐ Minority-owned
- ☐ Woman-owned
- ☐ Disabled Veteran

If your company can be classified as a HUB, please visit the Apple Supplier Diversity website at www.apple.com/supplierdiversity/ and submit the Online Supplier Profile Questionnaire.

How would you describe your company?

- ☐ Academic Institution
- ☐ Training Center
- ☐ Training Consultant
- ☐ Reseller
- ☐ Other

Number of years this company has been offering training?

- ☐ 1-3 years
- ☐ 4-6 years
- ☐ More than 6 years

Check all tracks you are interested in delivering. (For a complete list of courses, please see www.training.apple.com.)

- ☐ User Training
- ☐ Technical Training

Are you currently affiliated with any Apple organization?

- | | |
|--|--|
| <input type="checkbox"/> Apple Authorized Reseller | <input type="checkbox"/> Apple User Group Member |
| <input type="checkbox"/> Apple Solutions Expert | <input type="checkbox"/> Apple Authorized Service Provider |
| <input type="checkbox"/> Apple Developer | <input type="checkbox"/> Other _____ |

What is the reach of your company's geographic training area?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 5 miles | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> 25 miles | <input type="checkbox"/> U.S.A. national |
| <input type="checkbox"/> 50 miles | <input type="checkbox"/> U.S.A. and Canada |
| <input type="checkbox"/> Regional | <input type="checkbox"/> Worldwide |

What percentage of your business comes from the following segments? (Must total 100%.)

| | |
|----------------------------|-------|
| Small business (1-99) | _____ |
| Medium business (100-999) | _____ |
| Large business (1000 plus) | _____ |
| Government | _____ |
| K-12 school | _____ |
| Higher education | _____ |

In the past 12 months, what percentage of total training revenue came from new and returning customers? (Must total 100%.)

| | |
|---------------------|-------|
| New customers | _____ |
| Returning customers | _____ |

How will your company promote Apple Training?

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Telesales |
| <input type="checkbox"/> Internet | <input type="checkbox"/> None |
| <input type="checkbox"/> Tradeshows | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Seminars | |

How often do you market to your customers?

- ☐ Never
☐ Weekly
☐ Monthly
☐ Quarterly
☐ Annually

What is your annual marketing budget? _____

What percent will be used for marketing Apple training courses? _____

What is your company's total annual training-related revenue? _____

Does your company maintain a training website?

- | | |
|------------------------------|------------------------|
| <input type="checkbox"/> Yes | What is the URL? _____ |
| <input type="checkbox"/> No | |

Section 2: Training Organization Profile

How many training facilities does your company have? _____

Please list all locations you wish to authorize. *Complete a training facility profile for each location.* _____

Are you a Prometric Authorized Testing Center? _____

What percentage of your current training is delivered at customer sites? _____

What companies are you authorized or certified to provide training for? (Please check all that apply.)

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adobe | <input type="checkbox"/> Oracle |
| <input type="checkbox"/> Cisco | <input type="checkbox"/> PeopleSoft |
| <input type="checkbox"/> IBM | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Microsoft | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Novell | |

Which job functions do you train?

- | | |
|---|--|
| <input type="checkbox"/> Technical coordinators | <input type="checkbox"/> Digital Video Technicians |
| <input type="checkbox"/> System administrators | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Developers/programmers | |

What types of training do you offer?

- | | |
|---|---|
| <input type="checkbox"/> Instructor-led | <input type="checkbox"/> Computer-based |
| <input type="checkbox"/> Courseware customization | <input type="checkbox"/> Interactive video |
| <input type="checkbox"/> Online training | <input type="checkbox"/> Self-paced instruction |
| | <input type="checkbox"/> Other _____ |

Section 3: Training Facility Profile

Complete one profile for each physical location you wish to authorize. Duplicate this form as needed. *Note: For each location there will be an additional US\$500 nonrefundable processing fee.*

Address _____
City/State/Zip Code _____
Email _____
Telephone _____ Fax _____
Number of classrooms at this location? _____
Primary contact _____ Title _____
Telephone _____ Email _____
Marketing contact _____ Title _____
Telephone _____ Email _____

Complete the information below for each classroom at this location. Duplicate this form as needed.

Classroom 1

Dimensions: _____ Max. number of students: _____
Number of student workstations: _____ Lab space? ☐ Yes ☐ No
Separate entrance? ☐ Yes ☐ No Break area? ☐ Yes ☐ No
Are student and instructor stations tied to a network? ☐ Yes ☐ No
Are student and instructor stations accessible to the Internet? ☐ Yes ☐ No
What computer equipment is available in this classroom?

What audio-visual equipment is available in this classroom?

Classroom 2

Dimensions: _____ Max. number of students: _____
Number of student workstations: _____ Lab space? ☐ Yes ☐ No
Separate entrance? ☐ Yes ☐ No Break area? ☐ Yes ☐ No
Are student and instructor stations tied to a network? ☐ Yes ☐ No
Are student and instructor stations accessible to the Internet? ☐ Yes ☐ No
What computer equipment is available in this classroom?

What audio-visual equipment is available in this classroom?

Classroom 3

Dimensions: _____ Max. number of students: _____
Number of student workstations: _____ Lab space? ☐ Yes ☐ No
Separate entrance? ☐ Yes ☐ No Break area? ☐ Yes ☐ No
Are student and instructor stations tied to a network? ☐ Yes ☐ No
Are student and instructor stations accessible to the Internet? ☐ Yes ☐ No
What computer equipment is available in this classroom?

What audio-visual equipment is available in this classroom?

Section 4: References

Please provide reference contact information of three organizations that you have provided training for in the past six months.

Company No. 1 _____

Address _____

City/State/Zip Code _____

Email _____

Telephone _____ Fax _____

Company No. 2 _____

Address _____

City/State/Zip Code _____

Email _____

Telephone _____ Fax _____

Company No. 3 _____

Address _____

City/State/Zip Code _____

Email _____

Telephone _____ Fax _____

Section 5: Signature

By signing this application, I certify that the information I have provided in this application is true and correct to the best of my knowledge.

Signature _____

Name (please print) _____

Title _____

Date _____

Section 6: Background Check

This addendum provides Apple with the authorization necessary to obtain background information on the principals who want to participate in the Apple Authorized Training Center program. Please complete all three pages of this addendum and return them to Apple along with the rest of the application.

PrO Unlimited, Inc. ("PrO") has been authorized to perform background searches on persons who are seeking to be eligible to provide services on behalf of Apple (the "Client") to Apple's customers. I understand that applicants are not permitted to work at the Client unless their background has been checked to detect the existence of criminal convictions, if any. I understand that PrO receives the criminal background information from a third party.

I have the right to refuse to authorize a background search and understand that if I do not agree, I will not be able to work at the Client. I also understand that if a check of my background discloses I have had criminal convictions, I will not be able to work at the Client. I also understand that a satisfactory background check does not guarantee me the opportunity to provide services to the Client.

In any event, I agree to hold PrO harmless for the results of such a criminal background search, even if as I am denied an opportunity to provide services to the Client based on a search where the results contain unclear, inaccurate, or erroneous information. I agree to look only to the third party providing such information if I feel the information provided is unclear, inaccurate, or erroneous.

_____ I have read the above and hereby grant PrO permission to conduct a background search on me and to cooperate with such search.

_____ I have read the above and do not consent to a background search.

Date _____ Signature _____

Printed Name _____

Authorization, Consent, and Release for Background Information

I, _____, understand that as a prerequisite to my being considered for an engagement on my own behalf, or as an employee or independent contractor of an individual or entity engaged by Apple Computer, Inc. ("Apple") to perform services as an independent contractor, Apple may use the services of a Consumer Reporting Agency ("Agency") to research and verify the information I have provided to Apple and/or obtain a Consumer Report. A Consumer Report is defined by the Fair Credit Reporting Act ("FCRA") as a written report prepared by an Agency that may be a summary of my credit standing, capacity, or worthiness, character, general reputation, personal characteristics, or mode of living. I understand that the Agency may obtain information regarding my personal background, professional standing, character, work history, and qualifications. This Agency will provide a report to Apple.

The Agency may utilize various sources of information it deems appropriate, including but not limited to: credit reporting agencies, Department of Motor Vehicles records, criminal conviction records, records and information from current and former employers, military records, school records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Apple. I unconditionally release and hold harmless Apple, any Agency used by Apple, and any named or unnamed

corporation, company, custodian of records, or informant from any and all liability resulting from furnishing information about me.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics, and general reputation. According to the Fair Credit Reporting Act, Apple will notify me if adverse action relating to my application is contemplated because of information obtained from an Agency.

I understand that if I refuse at any time to consent to such background investigation, or if the results of the investigation are unsatisfactory to Apple Computer, Inc., I will not be eligible to begin or continue any work for or on behalf of Apple Computer, Inc.

Date _____

Signature of Consultant _____

Printed Name _____

Social Security Number _____ - _____ - _____

Driver's License No. _____ State _____

Other names you have used or are also known as: _____

Please provide all residential addresses for the past seven years.

Current address:

Street _____ Apt. _____

City _____ State _____ Zip _____ How long there? _____

Former address:

Street _____ Apt. _____

City _____ State _____ Zip _____ How long there? _____

Former address:

Street _____ Apt. _____

City _____ State _____ Zip _____ How long there? _____

Former address:

Street _____ Apt. _____

City _____ State _____ Zip _____ How long there? _____

Please provide the following information about your educational background:

| | School Attended | Degree Earned | Year Completed |
|----|-----------------|---------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

(Attach additional sheets if necessary.)

THIS DOCUMENT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. THIS INFORMATION IS CONFIDENTIAL. PLEASE RETURN THE DOCUMENT TO THE PERSON LISTED BELOW IF YOU HAVE RECEIVED IT IN ERROR.

Submitted to:

Apple Customer Training, AATC Program
Apple
1 Infinite Loop, M/S 38-3AT
Cupertino, CA 95014

Section 7: Application Checklist

Use this checklist to ensure Apple can process your application without delay. Incomplete applications cannot be processed. Please allow six to eight weeks for processing.

Once your eligibility has been determined, you will receive an email detailing the final steps to becoming an Apple Authorized Training Center.

Keep a copy of this application and all the supporting documentation for your records. Mail your completed application, application fee, and the supporting documentation to:

Apple Customer Training, AATC Program
Apple
1 Infinite Loop, M/S 38-3AT
Cupertino, CA 95014

Application

- ☐ Completed, signed application

Supporting documentation

- ☐ Copy of your company's business license (not necessary for a publicly held corporation)
- ☐ An annual training business plan outlining how your training center will meet the AATC program requirements
- ☐ One example of training marketing material
- ☐ Photo of each classroom in each location you wish to authorize
- ☐ Training facility profile for each location you wish to authorize
- ☐ Background check authorization

References

- ☐ Reference contact information of three organizations that you have provided training for in the past six months

Application fee

- ☐ US\$300 nonrefundable application fee

For More Information

Please visit www.apple.com/training or call 800-848-6398 for information about all Apple Training courses and certification programs. For additional information about Apple custom application development, integration and consulting, and enterprise support services, visit www.apple.com/services or email services@apple.com.