



RANGE DOCTORS LICENSED AGENT - APPLICATION FORM

Thank you for your interest in becoming a Range Doctor!

Please fill out this application form completely and honestly. This form will help us evaluate your qualifications and suitability for our program. All information provided will remain confidential.

Please note that we will need to talk in person with you to discuss the finer details and to make any permanent agreements. A legal contract will also need to be signed and adhered to, along with your business payment for the purchase of your own Range Doctors exclusive area of coverage.

SECTION 1: PERSONAL INFORMATION

1. Full Name:

2. Address (residential) including city, state and zipcode:

3. Phone Number:

4. Email Address:

5. Date Of Birth:

6. City In Which You Want To Work/Own:

SECTION 2: BUSINESS BACKGROUND

1. **Do you have previous business or entrepreneurial experience?**

☐ Yes
☐ No

If yes, please describe:

2. **Are you currently running or have you run any other businesses?**

☐ Yes (do you have time and resources to run another business?)
☐ No

If yes, please list and briefly describe:

3. **Do you have experience in sales, software, or customer service?**

☐ Yes
☐ No

If yes, please provide data:

SECTION 3: TESLA AND RANGE DOCTORS INTEREST

1. **Do you currently own or drive a Tesla vehicle?**

☐ Yes
☐ No

If yes, which model and year?

2. **Are you willing to use your Tesla for work purposes as part of this program?**

☐ Yes
☐ No

3. **Why are you interested in becoming a Range Doctors agent?**

4. **How do you plan to promote and grow the Range Doctors service in your area?**

SECTION 4: CHARACTER AND COMMITMENT

1. **Which of the following qualities best describe you? (Check all that apply)**

- ☐ Committed
- ☐ Driven
- ☐ Honest
- ☐ Hardworking
- ☐ Entrepreneurial
- ☐ Customer-Focused
- ☐ Problem-Solver

2. **Are you willing to sign a Non-Disclosure Agreement (NDA) to protect our intellectual property?**

- ☐ Yes
- ☐ No

3. **Are you willing to sign a Non-Compete Agreement to protect our business?**

- ☐ Yes
- ☐ No

4. **Do you understand and agree to pay a one-time fee to become an exclusive Range Doctor?**

- ☐ Yes
- ☐ No

SECTION 5: DECLARATION

By signing this form, I declare that the information provided is true and complete to the best of my knowledge. I understand that any false information may disqualify me from the Range Doctors agent program.

Signature:

Date:
