

FOR OFFICE	USE ONLY
BATES N	NUMBER
AMOUNT PAID	INITIALS

## **NATIONAL PARKING ASSOCIATION**

## APPLICATION FOR CERTIFIED PARKING PROFESSIONAL (CPP) EXAMINATION

Record the information requested using a ballpoint pen. Place a check in the appropriate box below. Where spaces are provided, print one letter or digit per space, leaving an empty space between words. Omit punctuation and abbreviate as necessary. Your name on the application form MUST be the same as it appears on your PHOTO IDENTIFICATION.

1. STATUS:  FIRST-TIME APPLICANT  RE-EXAMINEE
2. NPA MEMBERSHIP: COMPANY MEMBER INDIVIDUAL MEMBER NON-MEMBER
3. SOCIAL SECURITY NUMBER:       -     -         4. DATE OF BIRTH:
5. NAME:
FIRST MIDDLE LAST
_ _ _  6. Mother's maiden name:
MAIDEN/PREVIOUS SUFFIX
7. CORRESPONDENCE INFORMATION:
COMPANY NAME
- - - - - - - - - - - - - - - - - - -
MAILING ADDRESS – LINE 2
CITY STATE ZIP CODE + 4 FOREIGN POSTAL CODE
EMAIL
DAYTIME TELEPHONE NUMBER EVENING TELEPHONE NUMBER FAX NUMBER
8. FEE INFORMATION: Payment must be by corporate / institutional / municipal check, or certified check or money order (payable to PCS) or credit card (MasterCard / VISA Only). Please record your social security number on the check.

First-Time Applicant Fees: \$700 for non-members, \$400 for members

\$360 for member companies registering 10 or more employees at the same time

Re-Examinee Fees: \$500 for non-members, \$250 for members

9.	SPECIAL ACCOMMODATIONS:  Please check ONLY if you are requesting special accommodations. You must also complete the Special
	Accommodations Request Form found at <u>www.pcshq.com</u> .
	Complete the form and return it to PCS with written documentation from a proper authority as proof of the disability and verifying the need for the special accommodation requested. PCS must receive documentation by the deadline date listed on the Candidate Information Bulletin.
١٥.	Circle the type of facility you manage: 1. Lot/Surface 2. Structure/Garage 3. Self Park 4. Valet 5. Other:
11.	Circle the description: 1. Commercial/Private 2. Municipal/Institute 3. Other:
12.	<b>Circle the size:</b> 1. Under 100 spaces 2. 100-250 spaces 3. 250-500 spaces 4. 500-1,000 spaces
13.	Circle your level of education: 1. High School 2. Two year college 3. Four year college 4. Masters
۱4.	Circle your years of experience in the parking industry: 1. One year 2. 2-5 years 3. 6-10 years 4. More than 10 years
15.	CANDIDATE AFFIDAVIT: I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. acknowledge and accept the regulations of the NPA as outlined in the Candidate Information Bulletin. I agree that in the event my examination is lost or if the examination is not held for any reason, any claim I may have will be limited to the fee paid by me.
	The contents of the examination are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken t reveal the contents of examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement an that I will not discuss nor divulge any information regarding this examination.
	APPLICANT SIGNATURE DATE
	I, the undersigned, authorize PCS to release my examination results of the NPA CPP examination to my employer. I understand that thi information will not be provided to any other agent, except the NPA.
	APPLICANT SIGNATURE DATE

In addition to this completed and signed application form, you should also include the fee. Mail this examination scheduling form and fees to:

Professional Credential Services / NPA P.O. Box 198689 Nashville, TN. 37219-8689

Toll-free (877) U-TRY-PCS Fax: (615) 846-0153 Web site: http://www.pcshq.com



## NPA - CPP Payment Form

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below

Certified Check (Please record your Social Security Number on the check)
Money Order
Credit Card
Authorized payment amount: \$ Please check one:   Visa   MasterCard
Card Number: Exp:/
Print name as it appears on account:
Authorized Signature:

Return this payment form with Application/Scheduling Form.