



**9. SPECIAL ACCOMMODATIONS:**

Please check **ONLY** if you are requesting special accommodations. You must also complete the Special Accommodations Request Form found at [www.pcshq.com](http://www.pcshq.com).

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.

**10. 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. Circle the size:** 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

**14. 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. I 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 to reveal the contents of examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement and 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 this 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.**