

# CAPP

## Application for the Examination

(Present this form to endorser with copy of training and experience documentation.)  
Please type or legibly print all information in black or blue ink. Sign, scan and email this form to:

International Parking & Mobility Institute

ATTN: CAPP Certification Program | Email: [capp@parking-mobility.org](mailto:capp@parking-mobility.org)

### CAPP Applicant Information:

Last Name/Surname: \_\_\_\_\_

First/Given Name and Middle Initial: \_\_\_\_\_

Organization: \_\_\_\_\_

### Endorser's Information:

Last Name/Surname: \_\_\_\_\_

First/Given Name and Middle Initial: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip/Postal Code, Country: \_\_\_\_\_

Phone (plus extension if applicable): \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Endorsement:

I, \_\_\_\_\_, hereby state that I am  
(select all that apply)

- A CAPP in good standing
- Licensed, commissioned, and/or certified as a: \_\_\_\_\_
- License/Certificate #s: \_\_\_\_\_
- Licensing body(ies): \_\_\_\_\_
- Employment supervisor: Position/Title \_\_\_\_\_

and am knowledgeable of, and in good standing within, the parking, mobility and transportation profession. I hereby affirm that I personally know or have researched and reviewed to the best of my

ability, the work history, experience, and reputation of the above-referenced candidate and find she/he meets the CAPP Certification Program eligibility requirements indicated in this handbook. In support of my findings, I have attached a copy of the applicant's statement of experience as presented to me by the applicant. Based upon my findings, I hereby endorse the above-referenced applicant for consideration as a candidate for the CAPP Credentialing Program.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Endorser's signature: \_\_\_\_\_