

Candidate Application Packet

Congratulations on starting the process of becoming a CAPP. Before completing this application, please visit [IPMI's CAPP Certification page](#). Applicants must review this CAPP Candidate Handbook in its entirety to properly complete this application.

There are five parts to the application:

- **Part 1:** Personal Information
- **Part 2:** Eligibility
- **Part 3:** Candidate Endorsement
- **Part 4:** Statement of Understanding
- **Part 5:** Payment Information

Please ensure all parts of the application are complete. If you have questions, please contact IPMI staff at capp@parking-mobility.org.

Application information is held in strict confidence. To view our privacy policy, please go to parking-mobility.org and click [Privacy Policy](#).

Application Instructions

1. List your legal name: this is the name that will be submitted to the testing center. The name must match the name on your government-issued picture identification card, which you will be required to present at the testing center.
2. Once you have completed the application, scan and email it to capp@parking-mobility.org. Applications will not be considered without payment. Applicants will be directed to an online invoice to process payment securely..
3. Endorsements must not be included with the application. Your endorsement provider must complete the Endorsement Form and email it to: capp@parking-mobility.org.

Application for the CAPP Examination



Application for the Examination

The completed application should be scanned and emailed to:
capp@parking-mobility.org

Part 1. Personal Information

Legal Name:

Last _____ First _____ Middle _____

Business Contact Information:

Organization: _____

Title: _____

Address: _____

City _____ State _____ ZIP/Postal Code _____

Country: _____

Phone (plus extension if applicable): _____

Cell: _____ Email: _____

Home Contact Information:

Please address all CAPP communication using my home information Yes No

Address: _____

City _____ State _____ ZIP/Postal Code _____

Country: _____

Phone (plus extension if applicable): _____

Cell: _____ Email: _____

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Part 2. Eligibility

Education, Experience, and Professional Development/Education Courses

To be eligible for the credential, you must meet the minimum education, experience, and professional development requirements: 41 points, plus nine additional points from any of the three eligibility categories, for a total of 50 points. The following matrix outlines the point distributions and requirements.

1. Education/License/Credential: (Required Minimum Points: 4/Maximum Points: 40)

Note: License/credential holder must be in good standing with the licensing agency/credentialing body

- Highest level of education achieved from an accredited educational institution:
(High School Diploma or GED = 4 points; Associate Degree = 8 points;
Bachelor's Degree = 16 points; Master's Degree = 24 points; Doctorate = 40 points) Points: _____
- Applicable Professional Licensing: (e.g. engineer, architect, accountancy, construction, etc.):
(8 points per license) Points: _____
- Applicable Professional Certification (must be applicable to competency as a CAPP):
(e.g., project management professional, LEED, PE, AIA, etc.): (4 points per designation) Points: _____

Total Education/License/Credential Points: Points: _____

2. Experience: (Required Minimum Points: 12 (3 years)/Maximum Points: 40 (10 years)

Note: Professional experience must be in supervisory and/or managerial roles and/or contact with same (e.g., consultants, vendors) and/or equivalent experience in a related field. Equivalent experience in a related field must be combined with a minimum of three years of experience at any level in the parking, mobility, or transportation industry. No experience points are awarded for service in the parking, mobility, or transportation industry below the manager/supervisor level. Four points can be claimed for each year of management/supervisory experience up to the maximum of 40 points.

Acceptable job titles are provided earlier in this handbook under “Candidate Eligibility Matrix/2. Experience.”

- Managerial/Supervisory Parking/Transport Experience: _____ years × 4 points per year = _____
- Related Managerial Supervisory Experience + 3 years in
Parking/Mobility/Transportation Industry: _____ years × 4 points per year = _____
- **Total Experience Points:** Points: _____

■ Professional Development/Continuing Education: (Required Minimum Points: 25/No Maximum)

Note: Professional development courses/training must have been completed within the past five years and be applicable to the role of the CAPP (e.g., IPMI courses and training, other professional training programs, other professional certificates). One point is awarded per hour of professional development/continuing education.*

**Note: Refer to the CAPP Examination Content Outline if you have any questions about the applicability of your professional development courses/continuing education.*

- Professional Development Continuing Education: Points: _____
- Professional Certificate Award Continuing Education: Points: _____

Total Professional Development Points: Points: _____

Minimum Number of Eligibility Points Required: 50

Category Points	1. Education/License/Credential	_____
	2. Experience	_____
	3. Professional Development	_____

Total Points: Points: _____

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Part 3. Endorsement

Please provide the Application Endorsement Form with a copy of your Experience Documentation Form to a CAPP in good standing or to an employment supervisor who can attest to the accuracy on the application and your suitability for certification. The CAPP or employer is required to email the document to the Certification Department separately to capp@parking-mobility.org.*

**Do not include this document with your application.*

Part 4. Statement of Understanding

To qualify for the CAPP credential, you must respond to the following questions and sign the Statement of Understanding:

1. CAPP Code of Ethics

I hereby attest that the following statements are true, correct, and accurate to the best of my knowledge, and I further agree to fulfill the following obligations:

- a. Yes No — I agree to give the CAPP Certification Department timely notice of contact or address change in writing.
- b. Yes No — Having read the CAPP Code of Ethics on the CAPP website, I hereby confirm that I have not violated any of its provisions in the past and will comply with all tenets in the future. I agree to act and conduct my professional practice in accordance with the currently adopted code.
- c. Yes No — I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in sanctions by the CAPP Appeals and Discipline Committee.

If you answered “no” to any statements above, please provide a written explanation on a separate page. Attach the page to this application.

2. Special Accommodations:

I am requesting special testing accommodations Yes No

If you answered “yes,” please attach documentation as specified in the CAPP Candidate Handbook.

3. Privacy Policy:

Yes No I understand that a condition of certification is accepting all official correspondence from the CAPP Certification Board.

Yes No I understand that refusal to accept official correspondence or requesting to have my personal information removed from the IPMI database will cause revocation of certification status.

For Non-IPMI Members Only:

By signing this document, I hereby attest that the information provided within and attached to this application is true, accurate, and complete to the best of my knowledge and belief. I understand and agree that the CAPP Certification Board has the right to contact any person, agency/entity, or organization to review or confirm any information provided in this application. I further agree to authorize the release of any information requested by the CAPP Certification Board regarding the review of this application. I further understand and agree that the CAPP Certification Board has the right to notify pertinent credentialing and professional organizations if it is determined that this application contains false information.

I understand and agree that CAPP certification and recertification depends upon my fulfillment of all required criteria and obligations, including compliance with the CAPP Code of Ethics and Policies and Procedures. I further agree to inform the CAPP Certification Board in a timely manner if I become the subject of any ethics, criminal, or lesser offenses, complaints, and/or charges.

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I understand that all material included in this application becomes the property of the CAPP Certification Board upon receipt and that neither originals nor photocopies will be returned to me. If my certification is suspended or revoked, I agree to comply with all directives or orders of the CAPP Certification Board, including the return of all CAPP credentialing documents. I agree to comply with such directives and orders in a timely manner and at my own expense.

Signature: _____ Date: _____

Print Name: _____

Part 5. Payment

- I am an IPMI member applying for the CAPP Certification. **\$475 U.S. fee**
- I am an IPMI non-member applying for CAPP Certification. **\$700 U.S. fee**
- If paying by check, I understand my application will be held until the check clears.

Please select one: credit card check

To pay by credit card, please submit your application to capp@parking-mobility.org. Once the application is received, IPMI will send you an email with login instructions to make payment online with a credit card. For your application to be processed, the application fees must be paid within 48 hours.

To pay by check, please make all checks payable to: International Parking & Mobility Institute (IPMI) And remit to:

International Parking & Mobility Institute (IPMI) CAPP Processing Department
P.O. Box 3787
Fredericksburg, VA 22402 USA

Checks must be received within 10 business days of the CAPP Application submission, or your application will not be processed.

Application Checklist:

- Complete **Part 1: Personal Information**
- Complete **Part 2: Eligibility Form, Certificates, and Supporting Documents/Education Experience**
- Complete **Part 3: Endorsement**: Provide an endorsement form to a CAPP or employer with a copy of your Experience Documentation Form. The endorsement provider must scan and email a copy of your experience document along with the Endorsement Documentation Form to the CAPP Certification at capp@parking-mobility.org.
- Complete **Part 4: Statement of Understanding and Signature**
- Complete **Part 5: Payment**

Education/License/Credential Documentation Form

(Minimum of a High School Diploma)

Candidate Name

Last, First, Middle _____ Date Submitted _____

Dates of Education or Receipt of License/ Credential	Names and Address of Educational Facility/License or Credential Issuing Body	Name and Title of Program (e.g., college major, XHZ, licensed XXX, certified ABC)	Description of Courses of Study

Experience Documentation Form

Note: Use this form to document your experience as a parking, mobility or transportation professional (minimum of three years required.) The original must be included with your application. A copy must be provided to the endorsement provider and included in the separate endorsement mailing.

Candidate Name

Last, First, Middle _____ Date Submitted _____

Dates of Employment	Organization Name and Address	Name and Title of Supervisor	Description of Roles and Responsibilities related to Parking, Mobility and Transportation Management

Professional Development Documentation Form

Note: Refer to the CAPP Examination Content Outline if you have any questions about the applicability of your education/professional development. If more space is needed, please feel free to use an additional Word document with your information

Candidate Name

Last, First, Middle _____ Date Submitted _____

Dates of Education or Receipt of License/Credential	Names and Address of Educational Facility/License or Credential Issuing Body	Name and Title of Program (e.g., college major, XHZ, licensed XXX, certified ABC)	Description of Courses of Study



CAPP Application Endorsement Form

(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

CAPP Applicant Information:

Last _____ First _____ Middle _____

Endorser's Information:

Last _____ First _____ Middle _____

Organization: _____

Title: _____

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 #: _____
- 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: _____