



**CERTIFIED
PARKING
PROFESSIONAL**

**An Accredited Program
of the National
Parking Association**

Application for Recertification

Corporate Affidavit: I _____ certify that _____
Company Principal Applicant

qualifies for re-certification as a Certified Parking Professional (CPP). He/she is an employee in good standing and has kept abreast of trends, new technologies and best practice standards in the parking industry through activities such as attending the NPA Annual Convention, reading *PARKING* magazine, and pursuing opportunities for additional training. His/her efforts to stay current continue to make a positive impact on colleagues and on the company as a whole. The Applicant's original/last date of certification/recertification is _____.*

I understand that the fee to accompany this recommendation is (check one):

\$300 for a three-year (NPA member) CPP recertification

\$400 for a three-year (non-member) CPP recertification

Company Principal:

Applicant:

Name

Name

Company

Mailing Address

Address

City/State/Zip

City/State/Zip

E-mail

E-mail

Signature

Date

**subject to verification*

Payment Information:

___ My check is enclosed (payable to National Parking Association – US funds only).

___ Please bill my American Express MasterCard VISA Discover Card.

Account Number

Expiration Date

Account Name

Signature

Please send this completed form and payment to:

National Parking Association
1112 16 Street, NW, Suite 840
Washington, DC 20036

Questions? Call 800-647-PARK, x115 or 202-470-6304.