



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: _____