2026 CERTIFICATION BOARD APPLICATION

PTMP™ Parking, Transportation & Mobility Professional

PECP™ Parking Enforcement & Compliance Professional

PERSONAL INFORMATION

Full Name			
Title			
Company			
Address			
City			
State/Province		Zip/Postal Code	
Country			
Email		Phone	

THE ROLE OF THE CERTIFICATION BOARD

The Certification Board is responsible for maintaining an up-to-date body of knowledge, establishing a benchmark of excellence for the global parking, transportation, and mobility industry, and providing a means by which parking, transportation and mobility professionals may demonstrate their proficiency and competency and be recognized by their peers, employers, regulatory agencies, customers, and the public.

CRITERIA

The Certification Board members may not serve on the IPMI Education Development Committee, the Accredited Parking Organization (APO) Board, nor the IPMI Board of Directors.

Please confirm/select all eligibility criteria that apply.

NOTE: IPMI will confirm membership and certification status.

- ☐ Is a current PTMP (previously CAPP) and member in good standing of the International Parking & Mobility Institute.
- ☐ Is not a member of the IPMI Education Development Committee, the APO Board, nor the IPMI Board of Directors.
- ☐ Has at least five years of continuous PTMP (previously CAPP) certification.

ELIGIBILITY STATEMENT

In your summary statement, please briefly describe how you meet eligibility criteria. (100 words or less)

BRIEF BIOGRAPHY

Provide a brief professional biography that highlights your current role, relevant experience, and background.
(150 words or less)

ELECTION PLATFORM

Describe the perspectives, priorities, or areas of focus you would bring to the Certification Board of Directors if elected.
(100 words or less)

CONFLICT & COMMITMENT DISCLOSURE

By submitting my name for consideration for the Certification Board of Directors, I understand that Directors serve three-year terms and are expected to participate actively in Board activities, including required meetings and the IPMI Annual Conference. I acknowledge that this involvement requires a monthly commitment. I commit to acting with integrity, sound judgment, and in the best interests of the Institute, and to supporting IPMI's mission and strategic direction.

Signature: Date:

By typing my name above, I certify that the information provided is true and complete and that this constitutes my electronic signature