

CCPFM APPLICATION FORM

PERSONAL INFORMATION

Name: _____
(as it appears on government issued photo ID)

Company: _____

Address: _____
Street City Prov/State Postal/Zip Code

Telephone: _____ Fax: _____ Toll Free: _____

E-mail Address: _____

APPLICATION FEES

CPA Member

- 1 – 8 candidates \$ 695 ea _____
- 10 + candidates \$ 645 ea _____
- Retake candidates* \$ 500 _____

Non-Member

- Per candidate \$ 1000 ea _____
- Retake candidate* \$ 750 _____

**The retake procedure is addressed in the Examination Scoring and Reporting section of the Candidate Information booklet. Applicant must be a Full or Affiliate Member in good standing of the Canadian Parking Association to select member's fees.*

METHOD OF PAYMENT

Payment in Canadian Funds: Amex Visa MasterCard Cheque

Card No. _____ Expiry (mm/yy) _____

Name of Cardholder (as it appears on the card) _____

Card Holder Signature _____

Candidate's Signature: _____ Date: _____

Mail to: Canadian Parking Association, 350-2255 St. Laurent Blvd., Ottawa ON K1G 4K3 **or Fax to:** 613.727.3183

OFFICE USE ONLY: CPA PIN #: _____



Canadian Certified
Parking Facility Manager
Canadien Certifié d'Installation
de Stationnement

