

# 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

