



**APPLICATION
CERTIFIED TAPT PUPIL TRANSPORTATION ADMINISTRATOR
PROFESSIONAL CERTIFICATION**

Mail this application and \$50.00 application processing fee within 60 days of successful completion of the ADMINISTRATOR Exit Exam to: **TAPT Professional Certification Program, P.O. Box 488, Kemah, TX. 77565**

(After 60 days additional fees may be incurred; after 90 days retake may be required)

ADMINISTRATOR EXIT EXAM DATE	GRADE

Name: _____
(Print clearly and as you wish to have YOUR NAME printed on Certificate)

Professional Certification # _____

District: _____ Position: _____ Years: _____

District Address: _____ Cell Phone # _____

District Email address to receive Certificate: _____

Personal Email address (optional) _____

List TAPT Conference and Trade Shows attended (not class only or pre-conference events) in last three years:

List at least one National Conference and Trade Show you attended in last 5 years: _____

Superintendent Name: _____ Email: _____

I have read the requirements in the TAPT PDC Handbook. By my signature below, I signify that I meet all the requirements for the level of Professional Certification I have applied for.

Applicant Signature: _____ **Date:** _____

**APPLICATIONS ARE GENERALLY PROCESSED JULY 1 THROUGH MARCH 31 DUE TO CONFERENCE WORKLOAD.
Revised 01-01-2021**