



APPLICATION FOR TAPT “TRAINER” PUPIL TRANSPORTATION PROFESSIONAL CERTIFICATION
Use this form effective 1-1-2024.
PLEASE SUBMIT BEFORE APRIL 1 OR AFTER JULY 15 - ALLOW 6 – 8 WEEKS FOR PROCESSING

Must be ACTIVE or ASSOCIATE Level TAPT Member

Mail the signed application, all documentation and application processing fee to:

TAPT Professional Certification Program, P.O. Box 488, Kemah, TX. 77565

Be sure to check the PDC Handbook for detailed course requirements.

ONLY THE MOST CURRENT APPLICATION WILL BE ACCEPTED. **Professional Certificate #** _____

Trainer (CTPTT)	24 Hours Required TAPT PDC Course Credit TAPT Trainer Academy Course
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1. Letter of Recommendation should verify applicant’s ability to meet the qualifications for the professional level of certification being applied for.
2. **Please review qualifications as stated in the PDC handbook.**
3. TEEX Certificates will be accepted through 12-31-24 for courses taken before 1-1-2023.
4. Courses must have been attended no longer than 7 years before the application date.
5. Please list courses as required below. Circle PDC # attended.
6. Outside courses taken like TEEX require a copy of the Certificate and applicable course credit fee.

Name: _____

(Print clearly and as you wish to have printed on Certificate)

District: _____ Position: _____ Years: _____

District Address: _____ Cell Phone # _____

District Email address to receive Certificate: _____

Other email address: _____

Applicant must be an Active or Associate level Member and must submit all documents and fees at the time of application.

- Current Active or Associate level TAPT membership
- Application Fee Enclosed (\$25.00 for each level applied for)
- Enclosed course credit fee if applicable.
- Highest level of education (must be GED or higher) _____
- Enclosed all outside Certificates.

I have read the Maintenance requirements and understand the membership and CEU requirements to remain active.

Letter of Recommendation from Director/Supervisor. Letter must be dated, have written signature and on District Letterhead.

Trainer Certification Course Requirements:

PDC #	PDC TITLE	DATE	Course Hours
.05 or 00	Orientation to TAPT		0
02	Student Management		6
11	Special Transportation Orientation		6
22	Documentation		6
25	Child Safety Restraint Systems		6
43	Trainer Academy		(34)

****No need to submit copies of certificates unless those certificates are not on file, or the certificate is from an off-site location. If from an off-site location and not with TAPT please remember to submit the course credit fee.**

Which conference/s (must be full conference and not pre-conference class events) have you attended in last three years?

(Submit Copy of Badge)

Director/Supervisor Name: _____ Contact phone: _____

Director/Supervisor Email: _____

By my signature below, I signify that I have read the requirements as stated in the PDC Handbook and I meet all the requirements for the level of Professional Certification I have applied for. All required documentation is enclosed.

Applicant Signature: _____ **Date:** _____

APPLICATIONS ARE GENERALLY PROCESSED IN BATCHES FROM AUGUST 1 THROUGH MARCH 1 DUE TO CONFERENCE PREPARATIONS AND REGISTRATIONS.

Revised 08-13-2023.