

APPLICATION TAPT PUPIL TRANSPORTATION ADMINISTRATOR PROFESSIONAL CERTIFICATION PLEASE SUBMIT BEFORE APRIL 1 OR AFTER JULY 15 - ALLOW 6 – 8 WEEKS FOR PROCESSING Effective 9-1-2025

Mail this application and \$50.00 Money Order for 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	GRA	.DE	Professional Certification Number	
Nam	e:(Print clearly and as you wish to have	O VOLID NAME	arinted on Cou	tificate)	
	(Fillit clearly and as you wish to have	e TOOK NAIVIE I	milited on Cer	tilicate)	
Distr	ict:	P	osition:	Years:	
District Address:		Cell Phone #			
Distr	ict Email address to receive Certificate	e:			
	TAPT Conference and Trade Shows atto hree years: (Attach copy of badge or o			rence - not class only or pre-conference events) i	n
List a	at least one National Conference and Ti	rade Show you	attended in	the last 5 years:	
Supe	rintendent Name:			Email:	
	re read the requirements in the TAPT P evel of Professional Certification I have		By signing b	below, I signify that I meet all the requirements fo	r
Appl	icant Signature:			Date:	

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

Revised 9-1-2025.