



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

**Use this form effective 9-1-2025. (May use 2024 form through 2-28-2025)
PLEASE SUBMIT BEFORE APRIL 1 OR AFTER JULY 15 - ALLOW 6 – 8 WEEKS FOR PROCESSING**

Mail this application and the \$50.00 application processing fee within 60 days of successful completion of the Official 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)

OFFICIAL EXIT EXAM DATE	GRADE	Professional Certification Number

Name: _____

Print clearly and as you wish to have YOUR NAME printed on the Certificate.

Applicant must be a current ACTIVE level TAPT Member.

District: _____ Position: _____ Years: _____

District Address: _____ Cell Phone # _____

District Email address to receive Certificate: _____

Personal Email address (optional) _____

List all TAPT Conference and Trade Shows (Must be Full Conference and not pre-conference events) attended in last three years. Submit copy of Badge.

Supervisor Name: _____ Email: _____

Applicant Signature: _____ **Date:** _____

APPLICATIONS ARE GENERALLY PROCESSED IN BATCHES FROM AUGUST 1 THROUGH MARCH 1 DUE TO CONFERENCE PREPARATIONS AND REGISTRATIONS. Revised 9-1-2025.