



**APPLICATION FOR TAPT "SPECIAL TRANSPORTATION SUPERVISOR" PUPIL TRANSPORTATION
PROFESSIONAL CERTIFICATION**

Use this form effective 9-1-2025 (May use 2024 form through 2-28-25)

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

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

Special Transportation Supervisor (CSTS)	60 TAPT Course Credit Hours	54 Hours Specified Course Work 6 Hours Electives Orientation to TAPT
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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. Must be on district letterhead, dated and signed.
2. **Please review qualifications as stated in the PDC handbook.**
3. Courses must have been attended no longer than 7 years before the application date.
4. Please list courses as required below. Circle PDC # attended.

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 Member and must submit all documents and fees at the time of application.

- ☐ Current Active or Associate TAPT membership
- ☐ Application Fee Enclosed (\$25.00)
- ☐ Enclosed course credit fee if applicable.
- ☐ Highest level of education (must be GED or higher) _____
- ☐ Enclosed all outside Certificates.
- ☐ Letter of Recommendation from Director/Supervisor on District letterhead, signed and dated.

SPECIAL TRANSPORTATION SUPERVISOR Required Course Credit:

Electives are any TAPT PDC Course not already listed as one of the required courses.

****No need to submit copies of certificates unless those certificates are not on file, or the certificate is from an off-site**

PDC #	PDC TITLE	DATE	Course Hours
.05 or 00	Orientation to TAPT		0
01	Introduction to Transportation		6
08	Personnel Management		6
11A (Must have taken 11 prior)	Special Transportation Orientation		6
22	Documentation		6
23	Introduction to Leadership: Necessary Lessons		6
23F	Leadership: Ethics		6
25	Child Safety Restraint Systems		6
18	Legal Issues		6
One of:	30.5, 33.5A, 32.5, 39.5A		3
One of:	23.5 Leadership Series:		3
6 Hours Electives			6
		Total	60

location. Course Credit Fee may be required for offsite classes attended.

Which conference/s (Must be Full Conference and not pre-conference class events) have you attended in the 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 in the TAPT PDC Handbook and that 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 9-1-2025.