



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

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 1-1-26**