

APPLICATION CERTIFIED TAPT PUPIL TRANSPORTATION OFFICIAL PROFESSIONAL CERTIFICATION Use this form effective 1-1-2021

Mail this application and \$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	E GRADE		
Name:				
(Pr	int clearly and as you wish to have YOU	R NAME printed on Certificate)	
Professional	Certification #			
District:		Position:	Years:	
District Address:		_Cell Phone #		
District Free	il address to ressive Cartificato.			
District Ema	il address to receive Certificate:			
Personal Em	ail address (optional)			
List all TAPT	Conference and Trade Shows (not cla	ass only or pre-conference e	vents) attended in last t	hree years <u>:</u>
Supervisor Name:		Ema	il:	<u> </u>
Applicant Signature:		Date:		
APPLICATIO	NS ARE GENERALLY PROCESSED JUL	Y 1 THROUGH MARCH 31 D	UE TO CONFERENCE WO	RKLOAD.
			Revi	ised 01-01-2021
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