

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

Mail this application and \$50.00 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	GRADE

Name:		
(Print clearly and as you wish to have	ve YOUR NAME printed on Certificate)
	Professional Certifica	ation #
District:	Position:	Years:
District Address:	Cell Phone #	
District Email address to receive Certificat	te:	
List TAPT Conference and Trade Shows atte	ended (not class only or pre-confe	rence events) in last three years:
List at least one National Conference and T	Frade Show you attended in last 5 y	years:
Superintendent Name:	Ema	il:
I have read the requirements in the TAPT P for the level of Professional Certification I h	, , ,	low, I signify that I meet all the requirements
Applicant Signature:		Date:
APPLICATIONS ARE GENERALLY PROCESSE PREPARATIONS AND REGISTRATIONS.	ED IN BATCHES FROM AUGUST 1 T	HROUGH MARCH 1 DUE TO CONFERENCE
Revised 08-13-2023.		
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