



APPLICATION FOR TAPT "SHOP TECHNICIAN SPECIALIST" PUPIL TRANSPORTATION PROFESSIONAL CERTIFICATION

New 2025.

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

Be sure to check the PDC Handbook for detailed course requirements.

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

Shop Technician Specialist (CTTS)	42 Hours of TAPT Course Credit Hours	42 Hours Required Course Work 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.
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.
5. Outside courses taken like TEEX require a copy of the Certificate and applicable course credit fee.

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. Please verify the following:

- Current Active or Associate TAPT membership
- Application Fee Money Order Enclosed (\$25.00)
- Enclosed course credit fee if applicable. Enclosed outside certificate.
- Highest level of education (must be GED or higher)_____
- Letter of Recommendation from Director/Supervisor on District Letterhead signed and date.

Shop Technician Specialist Required Course credit: (Circle PDC #'s completed.)

**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
04	Accident Investigation		6
06	Vehicle Inspection and Maintenance		6
23	Introduction to Leadership		6
25	Child Safety Restraint Systems		6
One of: 07 16 20	Risk Management Emergency Preparedness Safety and Security Management		6
One of:	23.5 Leadership Series		3
One of:	30.5, 32.5, 33.5A, 33.5B 33.5C Communication Track		3
	Total		42 Hours

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

Name at least 2 TASBT Classes have you completed: _____

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: _____

New 10-1-25; Revised 1-1-26