



**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:** _____