



**APPLICATION FOR TAPT "SPECIAL TRANSPORTATION SPECIALIST" 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**

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

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

Special Transportation Specialist (CSTSP)	48 TAPT Course Credit Hours	42 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.
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.

- ☐ 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 SPECIALIST 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 location. Course Credit Fee may be required for offsite classes attended.**

<b>PDC #</b>	<b>PDC TITLE</b>	<b>DATE</b>	<b>Course Hours</b>
.05 or 00	Orientation to TAPT		0
01	Introduction to Transportation		6
05 or 05A	Routing and Scheduling		6
11	Special Transportation Orientation		6
19	Field Trips		6
25	Child Safety Restraint Systems		6
28	Training the Special Transportation Team		6
One of: 02 or 14	Student Management		6
			6
6 Hours Electives:	1.		
	2.		

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**