APPLICATION FOR TAPT "SHOP SUPERVISOR" PUPIL TRANSPORTATION PROFESSIONAL CERTIFICATION
Use this form effective 10-1-2025. 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 Supervisor (CTSS)	54 TAPT Required Course Credit Hours	54 Hours Specified Course Work Orientation to TAPT

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 successfully completed no longer than 7 years before the application date.
4. Please list courses as required below. Circle PDC # attended.
5. Outside courses taken 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 Money Order Enclosed ($25.00)
- ☐ Enclosed course credit fee if applicable.
- ☐ Highest level of education (must be GED or higher)_____
- ☐ Enclose all outside Certificates.
- ☐ Letter of Recommendation from Director/Supervisor on District Letterhead, signed and dated.

Shop Supervisor Professional Certification Required Course Credit:

**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.

PDC #	PDC TITLE	DATE	Course Hours
.05 or 00	Orientation to TAPT		0
01	Introduction to Transportation		6
One of: 03 or 12B	Purchasing Budgeting		6
06	Vehicle Inspection and Mntnce.		6
08	Personnel Management		6
22	Documentation		6
23	Introduction to Leadership: Necessary Lessons		6
36	Liability		6
06A.5	Vehicle Spec'ing and Receiving		3
One of: Leadership	23.5, 23.5A, or 23.5C		3
One of:	04 Accident Investigation 16 Emergency Preparedness		6
		Total	54

List conference/s (Must be Full Conference and not pre-conference class events) that have you attended in the last three years? (Submit copy of Badge or documentation.)

_____

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.

Devised 10-1-2025.