



## APPLICATION FOR PROFESSIONAL CERTIFICATION

**CERTIFICATION CATEGORY (CIRCLE ONE):** CDPT CSPT CSNT CPTS CPTDI

For Supervisors and Specialists, list your concentration: \_\_\_\_\_

### SECTION 1 – Personal Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2 – Educational Background

*Attach required documentation or additional pages if needed.*

High School	City/State	Dates Attended	Year of Graduation
Undergraduate Colleges/Universities	City/State	Dates Attended	Degree(s) & Year(s) Received
Graduate Colleges/Universities	City/State	Dates Attended	Degree(s) & Year(s) Received

**SECTION 3 – Employment History**

*Provide employment information for the past 10 years. Attach required documentation or additional pages as needed.*

CURRENT EMPLOYER Name & Address	Name & Title of Immediate Supervisor	Dates Employed
	Telephone:	
Position Title:		
Description of Duties & Responsibilities:		
PREVIOUS EMPLOYER Name & Address	Name & Title of Immediate Supervisor	Dates Employed
	Telephone:	
Position Title:		
Description of Duties & Responsibilities:		
PREVIOUS EMPLOYER Name & Address	Name & Title of Immediate Supervisor	Dates Employed
	Telephone:	
Position Title:		
Description of Duties & Responsibilities:		

**SECTION 4 – Professional References**

*You will need to provide a total of 4 professional references: 1 from your current employer/supervisor and 3 additional professional references.*



## Current Employer/Supervisor Reference

To Be Completed By Applicant:

Name of Applicant: \_\_\_\_\_

Certification Type: \_\_\_\_\_

The above named applicant has applied to take an examination to become a certified transportation professional. Your reference will be used as part of a peer review of the applicant's professional qualifications. Any information you provide may have direct bearing on the applicant's eligibility to sit for an exam, so please complete this form truthfully and completely. Any and all information provided will be held in strict confidence.

Reference Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/District: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How long as the applicant worked for you?

Less than 1 year

1 to 3 years

More than 3 years

Please provide your evaluation of the applicant's professional abilities: *Attach additional paperwork if necessary.*

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

Mail: NAPT, 1840 Western Ave., Albany, NY 12203

Fax: 518-218-0867

Email: [janna.smeltzer@napt.org](mailto:janna.smeltzer@napt.org)



## Professional Reference

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Reference Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/District: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known the applicant?

Less than 1 year

1 to 3 years

More than 3 years

How have you worked with the applicant?

Employer

Supervisor

Co-Worker

Other: \_\_\_\_\_

Please provide your evaluation of the applicant's professional abilities: *Attach additional paperwork if necessary.*

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