



APPLICATION FOR PROFESSIONAL CERTIFICATION

CERTIFICATION CATEGORY (CIRCLE ONE): CDPT CSPT CSNT CPTS

For Supervisors and Specialists, list your concentration (Operations/Special Needs/Safety & Training, etc.) : _____

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:		
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	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.*

Signed: _____ Date: _____

Please return to:

Mail: NAPT, 1971 Western Ave. #221, Albany, NY 12203

Fax: 800-989-6278

Email (preferred): info@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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