



APTREX INSTITUTE

FORM B - Part 2 of 2 F-2-04

SUPPLEMENTAL APPLICATION RECOMMENDATION FOR CERTIFICATION

OFFICIAL USE ONLY:

Certification Review Committee:

Date Assigned: ____ / ____ / ____ Initial

Eligibility _____

STEP 1 - INFORMATION ABOUT THE APPLICANT

NAME:

ADDRESS:

CITY:

STATE/PROVINCE:

POSTAL CODE:

DATE OF BIRTH: MM / DD / YYYY

PLACE OF BIRTH (City, State/Prov):

HOME PHONE:

TOTAL YEARS EXPERIENCE IN THE TRANSIT INDUSTRY:

WORK PHONE:

EMAIL ADDRESS #1:

FAX :

EMAIL ADDRESS #2:

STEP 2 - INFORMATION ABOUT YOU

NAME:

COMPANY NAME:

ADDRESS:

HOME PHONE:

CITY:

WORK PHONE:

FAX :

STATE/PROVINCE:

POSTAL CODE:

EMAIL ADDRESS #1

ARE YOU INTERESTED IN LEARNING MORE ABOUT THE CERTIFICATION PROCESS?

Yes or No

ARE YOU INTERESTED IN LEARNING MORE ABOUT THE TRANSIT TRAINING PROGRAMS AVAILABLE?

Yes or No

CHECK ALL THAT YOU WISH TO RECEIVE INFORMATION ABOUT

ATLAS KATZ ASSOCIATES

AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

FRANKLIN COVEY

CANADIAN URBAN TRANSIT ASSOCIATION

LEADERSHIP DYNAMICS GROUP

Dr. Dipalma Group

NATIONAL TRANSIT INSTITUTE

UNIVERSAL TECHNICAL INSTITUTE

OTHER:

WHERE WOULD YOU LIKE TO SEE THE TRANSIT INDUSTRY CONCENTRATE TRAINING AND DEVELOPMENT EFFORTS?



APTREX INSTITUTE

STEP 4 - VERIFICATION OF INFORMATION

AFFIDAVIT

I have read and affirm that I fully understand that the information contained in this document will be used for the purpose of determining eligibility for the certification test. I further agree to comply with all the rules and regulations of the APTREX Institute. I agree not to discuss the contents of the test and affirm that all information contained in this document is correct. I further agree that APTREX is authorized to review and verify all information of this application.

Applicant Signature

Date

TO THE INDIVIDUAL COMPLETING THIS RECOMMENDATION LETTER:

The person named above has applied to the APTREX Institute for certification testing within the transit industry and has made a request to you for a letter of recommendation. Please type or print your answers to the following questions using any additional sheets of paper if that required.

You do not have to use this form – however all the information contained here must be included with your letter.

Completing this recommendation is a privilege and absolves you of any liability, provided your communication is made in good faith and is directly related to the subject matter. This is a confidential process in which only the applicant and the Institute have access to this information.

Please complete this recommendation to the best of your knowledge of the applicant and return it to the applicant. If you should have any questions about this recommendation, please contact us at:

APTREX INSTITUTE
1559 Ocean View Lane, Suite 800
Point Roberts, WA 98281
Tel: (360)945-2150 – Fax: (360)945-2151
eMail - certified@aptrex.com Website: www.aptrex.com

INSTRUCTIONS

STEP 1 – APPLICANT INFORMATION

This section includes information about the applicant. This ensures that the applicant matches the letter of recommendation. All information must be filled completed.

STEP 2 – INFORMATION ABOUT YOU

This section information concerning yourself, your relationship to the applicant, i.e., peer, subordinate, supervisor, friend, family etc. Please use additional paper where needed.

STEP 3 – QUESTIONS CONCERNING THE APPLICANT

This section references the applicant's knowledge and understanding of the transit industry and contributions made. Please be specific and why the applicant should be considered for certification.

STEP 4 - VERIFICATION OF INFORMATION

This section acknowledges that the information contained in the application is true and accurate.