



FORM A - F-1-05

**APPLICATION FOR CERTIFICATION**

**INSTRUCTIONS**  
 Please complete this application and return it to: APTREX INSTITUTE, 1559 Ocean View Lane, Suite 800, Point Roberts, WA 98281 along with a recent photo and your check or payment voucher for the full amount. If you should have any questions about this application, please contact us at our offices, (360)945-2150, Fax (775)628-6494 or eMail - [certified@aptrex.com](mailto:certified@aptrex.com).

<b>STEP 1 - GENERAL BIOGRAPHICAL INFORMATION</b>	
NAME:	CERTIFICATION TYPE SEEKING*: ( Check one ) <input type="checkbox"/> CTBM <input type="checkbox"/> CTCCM <input type="checkbox"/> CTEM <input type="checkbox"/> CTDM <input type="checkbox"/> CTDVM <input type="checkbox"/> CTSCM <input type="checkbox"/> CTFM
ADDRESS:	CERTIFICATION INFORMATION: <input type="checkbox"/> NEW <input type="checkbox"/> RE-CERTIFICATION <input type="checkbox"/> RE-TESTING
CITY:	DO YOU HAVE AN APTREX CERTIFICATION NOW? Yes or No IF YES, ENTER THE DATE OF THAT CERTIFICATION: ( mm/dd/yyyy)
STATE/PROVINCE:                      POSTAL CODE:	WHICH DESIGNATION? CTEM CTDM CTDVM CTSCM CTCCM CTFM
SOCIAL INSURANCE/SECURITY NUMBER	ARE YOU INTERESTED IN ORIENTATION INFORMATION? Yes or No ARE YOU INTERESTED IN TRAINING? Yes or No Circle all that apply Atlas Katz Associates, Dr. DiPalma & Assoc, Franklin Covey, Leadership Dynamics Group, National Transit Institute
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:

<b>STEP 2 - EMPLOYMENT HISTORY / WORK EXPERIENCE ( LIST ALL WORK EXPERIENCE STARTING WITH MOST RECENT)</b>		
DATE FROM:                      DATE TO:	SUPERVISORS NAME	
COMPANY NAME:	CURRENT POSITION TITLE	
ADDRESS:		
CITY:                                      STATE/PROV:	YEARS IN POSITION	
DATE FROM:                      DATE TO:	SUPERVISORS NAME	
COMPANY NAME:	CURRENT POSITION TITLE	
ADDRESS:		
CITY:                                      STATE/PROV:	YEARS IN POSITION	
DATE FROM:                      DATE TO:	SUPERVISORS NAME	
COMPANY NAME:	CURRENT POSITION TITLE	
ADDRESS:		
CITY:                                      STATE/PROV:	YEARS IN POSITION	
DATE FROM:                      DATE TO:	SUPERVISORS NAME	
COMPANY NAME:	CURRENT POSITION TITLE	
ADDRESS:		
CITY:                                      STATE/PROV:	YEARS IN POSITION	

<b>STEP 3 - - EDUCTION / TRAINING EXPERIENCE ( LIST ALL EDUCATION and TRAINING EXPERIENCE STARTING WITH MOST RECENT)</b>		
DATE FROM:	DATE TO:	GRADUATED (yes or no):
SCHOOL/COLLEGE NAME:		DEGREE RECEIVED:
ADDRESS:		
CITY:	STATE/PROV:	
DATE FROM:	DATE TO:	GRADUATED (yes or no):
SCHOOL/COLLEGE NAME:		DEGREE RECEIVED:
ADDRESS:		
CITY:	STATE/PROV:	
DATE FROM:	DATE TO:	GRADUATED (yes or no):
SCHOOL/COLLEGE NAME:		DEGREE RECEIVED:
ADDRESS:		
CITY:	STATE/PROV:	
DATE FROM:	DATE TO:	GRADUATED (yes or no):
SCHOOL/COLLEGE NAME:		DEGREE RECEIVED:
ADDRESS:		
CITY:	STATE/PROV:	
<b>LIST THE NAMES OF ALL TRANSIT COMMITTEES INVOLVED WITH AND SEMINARS COMPLETED</b>		
DATE FROM:	DATE TO:	CERTIFICATE RECEIVED: Yes or No    CEUs / IEUs:
SCHOOL/COLLEGE /ASSOCIATIONNAME:		DESCRIBE THE PROGRAM OR COMMITTEE:
ADDRESS:		
CITY:	STATE/PROV:	
DATE FROM:	DATE TO:	CERTIFICATE RECEIVED: Yes or No    CEUs / IEUs:
SCHOOL/COLLEGE /ASSOCIATIONNAME:		DESCRIBE THE PROGRAM OR COMMITTEE:
ADDRESS:		
CITY:	STATE/PROV:	
DATE FROM:	DATE TO:	CERTIFICATE RECEIVED: Yes or No    CEUs / IEUs:
SCHOOL/COLLEGE /ASSOCIATIONNAME:		DESCRIBE THE PROGRAM OR COMMITTEE:
ADDRESS:		
CITY:	STATE/PROV:	

STEP 4 - SKILLS ASSESSMENT		( Answer the following questions based upon your current position responsibilities. Use work form from the handbook if necessary. )
<b>A. BUDGET / FINANCIAL RESPONSIBILITY (Total Dollar Amount)</b> This is inclusive of all spending responsibility and/or accountability to a budget as a management person overseeing a unit or a project manager overseeing a project.		
<b>B. NUMBER OF PERSONS DIRECTLY REPORTING TO YOU</b> This includes all persons reporting to you regardless of title or position.		
<b>C. NUMBER OF PERSONS INDIRECTLY REPORTING TO YOU</b> This includes all persons indirectly reporting to you regardless of title or position.		
<b>D. PERCENTAGE OF TIME SPENT ON INTERNAL COMPANY RESPONSIBILITY</b> The amount of time you spend on issues or projects that are internal issues.	%	
<b>E. PERCENTAGE OF TIME SPENT ON EXTERNAL COMPANY RESPONSIBILITY</b> The amount of time you spend on issues or projects that are external, such as, customers' issues, business, City, Federal etc.	%	
(Category D and E should total 100 % )		
STEP 5 - REFERENCES and LETTERS of RECOMMENDATION		
(Minimum of two references below and two letters of recommendation. References and Recommendations MAY be the same person)		
REFERENCE NAME:	PHONE:	
COMPANY:	EMAIL:	
ADDRESS:	RELATIONSHIP:	
CITY: STATE/PROV:		
REFERENCE NAME:	PHONE:	
COMPANY:	EMAIL:	
ADDRESS:	RELATIONSHIP:	
CITY: STATE/PROV:		
LETTERS of RECOMMENDATION NAME: (attach letter or Form B)	PHONE:	
COMPANY:	EMAIL:	
ADDRESS:	RELATIONSHIP:	
CITY: STATE/PROV:		
LETTERS of RECOMMENDATION NAME: (attach letter or Form B)	PHONE:	
COMPANY:	EMAIL:	
ADDRESS:	RELATIONSHIP:	
CITY: STATE/PROV:		

**STEP 6 - 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 test contents and affirm that all information contained in this document is correct. I further agree that APTREX is authorized to review and verify all information from this application.

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

**NOTARY**

State/Province of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

Notary Public

My Commission Expires:

SEAL

**OFFICIAL USE ONLY:**

Certification Review Committee:

Date Assigned: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Jcq

Test Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Test Location \_\_\_\_\_ Test Score \_\_\_\_\_

Certification Granted \_\_\_\_\_

**Instructions**

The application process consists of six steps. An application checklist is provided to ensure that all pertinent documentation is submitted when the applicant applies for the certification. All required information must be submitted at one time or it will be returned without processing. A \$25.00 processing fee is required for all returned applications. The certification fee can be found under the Fee Schedule.

**STEP 1 - GENERAL BIOGRAPHICAL INFORMATION**

This section includes the applicant's full name, mailing address, city, state, zip code, telephone number and the type of certification.

**STEP 2- EMPLOYMENT HISTORY/WORK EXPERIENCE**

This section includes all transit industry related employment starting with the most recent employment. Include the name, address, and telephone number, position held and your immediate supervisors' name. Please use additional paper if needed.

**STEP 3 - EDUCATION AND TRAINING**

This section includes all education and training received starting with the highest level of education. Include major field of study, name and address of each school, college or university attended. List seminars, certificate courses completed, etc.

**STEP 4 - SKILLS ASSESSMENT**

This section is designed to capture the skills and responsibilities of the applicant's current job duties. Areas include budget responsibility, reporting relationship within the company, number of employees supervised, reporting relationship within the organization and the relationship to the internal and external decision making process.

**STEP 5 - LETTERS OF RECOMMENDATION/REFERENCES**

This section includes a minimum of two references and two letters of recommendation from current transit professionals. The letters should include specific contributions made to the transit industry and why the applicant should be considered for certification. Persons named must be different for both sources.

**STEP 6 - VERIFICATION OF INFORMATION**

This section acknowledges that the information contained in the application is true and accurate. Additionally, it requires a notary seal before submission of the application for processing.

**THE APPLICATION REVIEW AND TESTING**

The Certification Committee reviews each application package for completeness and mails a letter of acknowledgment upon receipt. The committee further evaluates and verifies all information to decide eligibility for the certification. This process may take up to sixty days. Once complete, the applicant is notified of the results and if accepted, the applicant is scheduled for taking the test. Testing takes two-hours and consists of one-hundred to one-hundred twenty-five multiple-choice questions and one essay question. Testing is held at the applicants transit property where possible.