



FORM A - FR-1-05

APPLICATION FOR RE-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.

STEP 1 - GENERAL BIOGRAPHICAL INFORMATION	
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 checked="" type="checkbox"/> RE-CERTIFICATION <input type="checkbox"/> RE-TESTING
CITY:	ENTER THE DATE OF THE ORIGINAL 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/Province):
HOME PHONE:	TOTAL YEARS EXPERIENCE IN THE TRANSIT INDUSTRY:
WORK PHONE:	EMAIL ADDRESS #1:
FAX :	EMAIL ADDRESS #2:

STEP 2 - EMPLOYMENT HISTORY / WORK EXPERIENCE		(LIST ALL WORK EXPERIENCE STARTING WITH MOST RECENT)
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	



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STEP 3 - - EDUCTION / TRAINING EXPERIENCE (LIST ALL EDUCATION and TRAINING EXPERIENCE STARTING WITH MOST RECENT)

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:	

LIST THE NAMES OF ALL TRANSIT COMMITTEES INVOLVED WITH AND SEMINARS COMPLETED

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.)	
A. BUDGET / FINANCIAL RESPONSIBILITY (Total Dollar Amount) 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. NUMBER OF PERSONS DIRECTLY REPORTING TO YOU This includes all persons reporting to you regardless of title or position.	
C. NUMBER OF PERSONS INDIRECTLY REPORTING TO YOU This includes all persons indirectly reporting to you regardless of title or position.	
D. PERCENTAGE OF TIME SPENT ON INTERNAL COMPANY RESPONSIBILITY The amount of time you spend on issues or projects that are internal issues.	%
E. PERCENTAGE OF TIME SPENT ON EXTERNAL COMPANY RESPONSIBILITY 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 (Minimum of two references below)	
REFERENCE NAME:	PHONE:
COMPANY:	EMAIL:
ADDRESS:	RELATIONSHIP:
CITY: STATE/PROV:	COMMENT:
REFERENCE NAME:	PHONE:
COMPANY:	EMAIL:
ADDRESS:	RELATIONSHIP:
CITY: STATE/PROV:	COMMENT:
REFERENCE NAME:	PHONE:
COMPANY:	EMAIL:
ADDRESS:	RELATIONSHIP:
CITY: STATE/PROV:	COMMENT:
REFERENCE NAME:	PHONE:
COMPANY:	EMAIL:
ADDRESS:	RELATIONSHIP:
CITY: STATE/PROV:	COMMENT:

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 _____

Re-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. The re-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, CEU's and IEU's earned.

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 - REFERENCES

This section includes a minimum of two references from current transit professionals.

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

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 re-certification. This process may take up to thirty-days. Once complete, the applicant is notified of the results.