

**Virginia Association for Pupil Transportation (VAPT)**  
**School Bus Technician Competition Registration**

To be Completed By Competitor (Please Print)

NAME: \_\_\_\_\_

SCHOOL DIVISION: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

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

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

By verification of Signature, I have read, understand, and accept all terms and conditions of this competition.

To be Completed By Competitor's Supervisor (Please Print)

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

SCHOOL DIVISION: \_\_\_\_\_

Contact Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

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

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

By signature I certify that the competitor named above is currently employed in a position to routinely/frequently perform school bus maintenance/repair.

