

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.

Please indicate if you will need transportation from the Richmond Marriott Downtown Hotel

Yes _____ **No** _____

