

***Missouri Association for Pupil Transportation
School Bus Inspector's Training and Skills
Competition Entry Form***

To Be Completed By Competitor

By verification of signature; I have read, understand, and accept all terms and conditions of this competition as listed below.

Competitor Name: _____ **Employer:** _____

Address: _____ **City:** _____ **State:** _____

Zip Code: _____

Contact Number: _____ **Fax Number:** _____

Signature: _____ **Date:** _____

To Be Completed By Competitor's Supervisor

I hereby certify that the competitor named above is currently employed in a position to routinely/frequently perform school bus inspections.

Signature: _____ **Date:** _____ **Job Title:** _____

Phone: _____ **Fax:** _____ **Email:** _____

After completion, the entry forms shall be forwarded to the MAPT Competition Coordinator. All forms need to be sent to:

Lloyd Givens
Special School District
10022 Meeks Blvd.
Olivette MO 63132
Fax: 314-989-7171
lgivens@ssdmo.org