



Minnesota Child Passenger Safety (CPS) Practitioner Application

Course Instructor

Name (please print) _____ SKID# _____

Applicant Information

Name (please print): _____

Agency: _____

Email: _____

I have completed the Minnesota CPS Practitioner course, I have read and understand the practitioner guidelines.

Applicant Signature: _____ Date: _____

Supervising Technician/Instructor information

Name _____ SFID # _____

In providing my signature I agree to mentor and provide ongoing support to above listed practitioner and ensure yearly requirements are met and reported to the Office of Traffic Safety.

Signed: _____ Date: _____

RETURN COMPLETED FORM TO:

Minnesota Child Passenger Safety Program, Attention: Shannon Ryder
Minnesota Department of Public Safety – Office of Traffic Safety
445 Minnesota Street Suite 150, St. Paul, MN 55101
FAX: 651-297-4844 or email Shannon.ryder@state.mn.us