



Minnesota Child Passenger Safety Senior Checker Application

Applicant Information

Name (please print): _____ SKID#: _____

Agency: _____

Email: _____

I am a current nationally certified technician and have read and understand the Minnesota Senior checker guidelines.

Applicant Signature: _____ Date: _____

Application does not ensure approval

Senior Checker expiration: As long as current CPS certification is maintained, approval as a Minnesota Senior Checker does no expire.

Mentoring Technician/Instructor information

Name _____ SFID # _____

In providing my signature I verify I have observed the above named applicant perform at minimum twelve (12) individual seat checks/inspection.

Signed: _____ Date: _____

By signing this, you are recommending the above named applicant.

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