

**REQUEST TO CONDUCT A MINNESOTA CHILD PASSENGER SAFETY CERTIFICATION COURSE**  
**(Submit this request at least 6 weeks in advance of desired training date!)**

**Level of training to be conducted:**     16 Hour - CPS Practitioner     32 Hour - CPS Technician     Moving Kids Safely  
 8 Hour MN Refresher     NHTSA School Bus Training     MN Child & Foster Care Provider Class

**Organizer Contact Information**

Contact Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Logistics**

Dates and times of training: \_\_\_\_\_  
Training Location: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Registration Fee (if any): \_\_\_\_\_ Registration Deadline: \_\_\_\_\_ Maximum Number of Participants \_\_\_\_\_  
Registration Requirements, if any (e.g., employees only, law enforcement only, etc.): \_\_\_\_\_

Post this course to the web site at: [www.buckleupkids.state.mn.us?](http://www.buckleupkids.state.mn.us?)    \_\_\_\_ YES    \_\_\_\_ NO

**Registration Contact Name:** \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

List names and ID numbers of instructors (If level 4 training, include instructor candidates):  
\_\_\_\_\_  
\_\_\_\_\_

**Lead Instructor Information** (Additional course materials will be sent to the Lead Instructor)

Name: \_\_\_\_\_ ID number: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address (no PO boxes): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

<b>For Office Use Only:</b> Date rec'd: _____ Approval/Denial for Demo Items _____
Approved: _____ Letter sent: _____ Materials Sent: _____
Denied: _____ Letter sent: _____ Manuals Requested from NHTSA _____ Instructor or MNCPS? _____

**RETURN COMPLETED FORM AND CLINIC FORM (IF APPLICABLE) TO:**

Minnesota Child Passenger Safety Program, Attn: Heather Darby  
Minnesota Department of Public Safety – Office of Traffic Safety  
444 Cedar St., Suite 150, St. Paul, MN 55101 or FAX: 651-297-4844