CHILD PASSENGER SAFETY CHECK UP CLINIC
Request for Promotion and Support

(For best service, submit this form at least 6 weeks in advance of the scheduled event)

Please promote the following Check Up Event on the Department of Public Safety web site.

Day & Date of Event:_____

ADVERTISED Time: _____to_____

By appointment only or first-come, first-served or both (circle one)

Location:_____

_____

Is this clinic open to the general public or for a specific audience? (circle one) If for a specific audience, please explain:

_____

Sponsoring Agency:_____

Contact Person:_____Phone Number:_____Email:_____

This is the person and phone number to be listed in promotional materials.

Senior Checker:_____ Phone Number:_____

Comments:_____

Is this clinic part of a CPS training course? [ ] Yes [ ] No If yes, what are the course dates:_____

Please send the support materials indicated for the above-mentioned Check Up Event to:

Name:_____

Address (No PO boxes):_____

_____

[ ] Child Passenger Safety Check Up forms (25) or (50)
[ ] Updated Recall Lists (5)
[ ] Child Safety Seat ID & Instructions Guide (CD)
[ ] LATCH Manual (1)
[ ] Locking Clips (5)

[ ] Air Bag Safety flyers (50)
[ ] Buckle Up Kids! booklet – English (25) or (50)
[ ] Buckle Up Kids! booklet – Spanish (25) or (50)
[ ] Don't Skip a Step brochure – English (25) or (50)
[ ] Don't Skip a Step brochure – Spanish (25) or (50)
[ ] Don't Skip a Step brochure – Somali (25) or (50)

On behalf of _____ (agency), I certify that all Checkers at this event are currently certified and the Senior Checker is a nationally certified Child Passenger Safety Technician in good standing.

Signed:_____ Date:_____

Print name:_____ Phone:_____

Send completed form to:

MN DPS-OTS, 444 Cedar St. Suite 150, St. Paul, MN 55101 Fax: 651-297-4844

For Office Use: Date received:_____ Date materials sent:_____