



CHILD RESTRAINT DISTRIBUTION SURVEY FORM

The Buckle-Up Coordinator shall keep and maintain the original record for all child restraints distributed through the NC Buckle Up Kids (BUK) Program. The organization distributing a NC BUK CR shall make a copy and attach it to the car seat inspection checklist, then submit the original to the County Buckle-Up Coordinator. All NC BUK CRs distributed through local programs must be reported to OSFM through the buckleupnc.org online reporting system by the Buckle-Up Coordinator.

County Program CR distributed through: _____

Organization distributing CR: _____

Date Distributed: _____

Source of CR Distributed: NC BUK Other: _____

Name of technician issuing seat: _____

Type of Seat distributed: RF-Only (Infant) Convertible High Back Booster
 No Back Booster Combination

Is family receiving any type of public assistance? Yes No

If yes, which program(s): Medicaid Medicare WIC
 Other: _____

Amount caregiver paid for seat: \$ _____

Have the recipient of the CR complete the following:

Name of Recipient: _____

Home Address: _____

(City, State and Zip Code): _____

Telephone (including area code): (_____) _____

Age of Child: _____

Ethnicity:

African American Asian American Caucasian Latin American

Native American Other: _____

Upon receipt of this child safety seat, I agree to follow all guidelines on proper installation and use it according to the manufacturer's instructions and my vehicle owner's manual.

(Signature of recipient)