



CLASS REGISTRATION
for North Carolina Child Passenger Safety Training Classes

Class Type : Certification Certification Renewal Other: _____
 NC Basic Awareness Update/Refresher _____

Is this the first registration for this class? **YES**, This is an original registration **NO**, This is a revised registration

Today's Date: _____ Scheduled Course Date(s): _____

REGISTRATION CONTACT (This is the person completing and submitting this registration.)

Contact Name: _____
 Contact Agency: _____
 Phone: _____ Fax: _____
 E-Mail: _____

CLASS CONTACT (This is the person to contact for additional information about this class)

Check here and skip to "Class Information" if Class Contact is same as "Registration Contact" above

Contact Name: _____
 Contact Agency: _____
 Phone: _____ Fax: _____
 E-Mail: _____

CLASS INFORMATION

Sponsoring Agency: _____
 Hosting Agency: _____
 Course Location: _____
 Street Address: _____

 City: _____ ST: _____ Zip: _____ County: _____
 Intended Audience: _____
 _____ **Max. # of Students:** _____

TRAINING EQUIPMENT: Indicate the source of training equipment - including a Dial-A-Belt or other demonstration seat, adequate variety and number of child restraints, dolls or dummies, samples of belt retractors, locking and shortening clips, etc. - that will be used for this class.

Own Agency
 DOI - OSFM: Contact Name: _____
 Other: Contact Name and Phone #: _____

Complete and return BOTH PAGES of this form to: NC Child Passenger Safety Resource Center CB# 3430, Chapel Hill, NC 27599 Fax: (919) 962-8710 Email: cps@hsrc.unc.edu	Registrations must be submitted at least 90 days prior to the start of a Standardized Certification class, 60 days prior to the start date for a North Carolina Basic Awareness class and 30 days prior to an Update/Refresher class.
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COURSE MATERIALS AND SUPPLIES: Indicate the source of class materials and supplies - including participant folders, recall lists, laptop computer and projector, etc. - that will be used for this class.

- Own Agency _____
- DOI - OSFM: Contact Name: _____
- Other: Contact Name and Phone #: _____

BASIC AWARENESS PARTICIPANT MANUALS: Indicate the source of Participant Manuals for NC CPS Basic Awareness classes.

- DOI - OSFM: Contact Name: _____
 - HSRC CPSRC Deliver to: [Street addresses only - NO PO BOXES]
- Agency: _____
- Street Address: _____
- City: _____ ST: _____ Zip: _____
- Attention Name: _____ Phone: () _____

INSTRUCTOR TEAM:

LEAD INSTRUCTOR

Name _____ Cert #: _____ Exp. Date: _____

Phone: () _____ Email: _____

Team Member 2: Instructor Instructor Candidate Instructor Mentor Mentored Technician Technician Assistant

Name _____ Cert #: _____ Exp. Date: _____

Phone: () _____ Email: _____

Team Member 3: Instructor Instructor Candidate Instructor Mentor Mentored Technician Technician Assistant

Name _____ Cert #: _____ Exp. Date: _____

Phone: () _____ Email: _____

Team Member 4: Instructor Instructor Candidate Instructor Mentor Mentored Technician Technician Assistant

Name _____ Cert #: _____ Exp. Date: _____

Phone: () _____ Email: _____

Team Member 5: Instructor Instructor Candidate Instructor Mentor Mentored Technician Technician Assistant

Name _____ Cert #: _____ Exp. Date: _____

Phone: () _____ Email: _____

Team Member 6: Instructor Instructor Candidate Instructor Mentor Mentored Technician Technician Assistant

Name _____ Cert #: _____ Exp. Date: _____

Phone: () _____ Email: _____

(Use additional sheets if necessary for additional team members)

Contact the NC CPS Resource Center at (800) 672-4527 or (919)962-2202 or visit www.buckleupnc.org for additional information.

FOR OFFICE USE ONLY
Date Received