



Child Passenger Safety Certification Recertification Fee Application

Child Passenger Safety Instructor / Technician

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Agency or Department Name (if applicable): _____

Phone: _____ Email: _____

Please Select Application Type:

- Child Passenger Safety Technician:** Certification #: _____ Expiration Date: _____
If a CPS Technician, I confirm all recertification requirements have been completed. (type Initials)
- Child Passenger Safety Instructor:** Certification #: _____ Expiration Date: _____
If CPS Instructor, I confirm all recertification requirements have been completed. (type Initials)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Type Name: _____

Signature: _____ Date: _____
(may be an electronic signature)

The completed application must be returned to Allan Buchanan at allan.buchanan@ncdoi.gov.

Applicants are encouraged to apply early and may submit their application up to four months prior to their expiration date.

Any approved applicant not completing the recertification process within 30 days after approval will forfeit their award.

Funds for this opportunity are limited and may not be available at the time the application is received.

Applicants **must** wait for approval **before** recertifying. Approval or denial will be sent within 5 business days of receiving the application. If approval or denial has not been received after 5 business days, please contact Allan Buchanan at 919-218-7855.