



Child Passenger Safety Certification 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: _____

Currently certified as a Child Passenger Safety: ☐ Technician ☐ Proxy ☐ Instructor

Certification #: _____

Expiration Date: _____

Please Select Application Type:

☐ Recertification Fee

☐ Instructor Candidate Application Fee

☐ Tech Proxy Application Fee

Disclaimer and Signature

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

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

Applicants are encouraged to apply early and may submit their application up to four months prior to their expiration date. Funds for this opportunity are limited and may not be available at the time the application is received.

Please return the completed application to Katherine Vincent: katherine.vincent@ncdoi.gov

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 Katherine Vincent: 919-647-0045