

# National Child Passenger Safety Certification Training Program

Application Form: **Due no later than February 14, 2011.**

Class Dates: March 2 through March 5, 2011  
Location: Albuquerque Police Department Training Academy – Classroom A  
5412 2<sup>nd</sup> Street NW  
Albuquerque, New Mexico 87107  
Time: 7:30 a.m. to 5:00 p.m.

**Attendance for all portions of the training is mandatory**

Course: The course includes written and hands-on skills tests on child passenger safety issues and equipment. The training concludes with mandatory participation in a child safety seat clinic, where students are required to demonstrate proficiency in communicating with parents/caregivers and in properly installing child safety seats.

Name: \_\_\_\_\_

Title	First Name	Middle Initial	Last Name
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Agency/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Personal Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please tell us about the vehicle you will be bringing to the training. If you have a choice, we prefer older vehicles.  
**If you are law enforcement personnel, please drive a vehicle without a cage if at all possible.**

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

**There is a \$100.00 fee for this course.** Once you receive confirmation of admittance into the course, you will need to submit a **check** or **purchase order** in this amount **no later than Tuesday, February 22, 2011.** Cancellations with full refunds will be granted through Wednesday, February 23, 2011.

Billing address: \_\_\_\_\_

If accepted into this course, I agree to attend and participate fully in all portions of the four-day course. I also agree to participate in local child safety seat inspection events sponsored by the NMDOT TSB and **Safer.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*If you are attending through an agency/organization, please have your supervisor sign and date the statement below:*

By sending a member of my staff to this training, I am doing so because I believe that child passenger safety is a serious issue. I will support my staff member by encouraging him/her to use this knowledge and experience to educate and protect families.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Please return this application form to Safer New Mexico Now. Applications can be mailed to 9400 Holly Avenue NE, Suite 201, Albuquerque, NM 87122 or faxed to (505) 332-7757. The deadline for registration is Monday, February 14, 2011.**