

**MICHIGAN OFFICE OF HIGHWAY SAFETY PLANNING (OHSP)
COMMUNITY CAR SEAT DISTRIBUTION PROGRAM
CAR SEAT REQUEST FORM**

Email to: rueckertk1@michigan.gov

REQUESTING CPS TECHNICIAN _____

TECHNICIAN NUMBER _____ CERTIFICATION EXPIRATION DATE _____

AGENCY/ORGANIZATION _____

E-MAIL ADDRESS _____

TELEPHONE NUMBER _____

TYPE OF EVENT

Fitting Station (walk-in or by appointment)

Car Seat Check Event

DISTRIBUTION INFORMATION (must be completed with where and when seats will be distributed)

County _____

Date(s) _____

Time(s) _____

Location(s) _____

How will the event or fitting station be promoted to the public? _____

How will seats be distributed? _____

Please justify the number of seats being ordered

Will a CPS Instructor or Senior Checker be present? _____ Yes _____ No

If yes, please list _____

By signing, I agree to the terms listed below and understand that failure to comply with these guidelines will result in ineligibility from this program.

- Caregiver education and seat demonstration must be completed when an OHSP seat is distributed and a checklist completed.
- Only certified CPS technicians may distribute car seat provided by OHSP.
- No monetary donations or other profits may be accepted for car seats provided by OHSP.
- Reports and completed car seat checklists for seats distributed must be returned to OHSP on the fifth of each month.
- Seats may not be transferred without prior permission of OHSP.
- Seats may be transferred to local car seat events or fitting stations at the request of OHSP.
- Seats may only be distributed when a child is present or to an expectant parent in the third trimester.

Signature of CPS Technician

Date
