

Nebraska Department of Roads Highway Safety Office
CHILD PASSENGER SAFETY TECHNICIAN TRAINING
APPLICATION

Please Type DATE: _____

APPLICANT: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE NO.: _____ FEDERAL I.D. NO.: _____

PROGRAM MANAGER: _____

EMAIL: _____

The purpose of this application is to determine if the applicant meets the required criteria to sponsor a Nebraska Child Passenger Safety Technician Training.

Applicant must attach the required supporting documentation as prescribed below:

- 1) Community demographics, define the service area by county;
- 2) List of personnel to host the class, including an administrative liaison, the host agency/organization must provide for the class.
- 3) List number of child passenger safety events held in the previous year, including inspection station activities and/or check-up events.
- 4) Provide name and location of the training site. The training facility must be able to accommodate 25 students and provide adequate space for use of 75 child safety seats.
- 5) List proposed dates of training;
- 6) Provide names of lead instructor and instructors to teach the training;
- 7) Copy of organization's current seat belt policy and drug-free workplace policy.

The Nebraska Department of Roads Highway Safety Office will review this application and the support documentation to determine the applicant's eligibility to host a Child Passenger Safety Technician Training. After the review process is completed, the applicant will receive written notification regarding approval.

 Authorized Signature of Applicant Date Print or Type Name

Return completed form to: NDOR-Highway Safety Office Phone (402) 471-2515
 P.O. Box 94612 FAX (402) 471-3865
 Lincoln, Nebraska 68509-4612

TO BE COMPLETED BY HSO

Approved By: _____ SB: _____ DF: _____

Approval Date: _____