

National Child Passenger Safety Certification Training Program Application

Class Dates: Tuesday, January 14 through Friday, January 17th, 2025

Location: Community Foundation of Southern New Mexico
2640 El Paseo Rd
Las Cruces, NM 88001

Time: 8:00 a.m. to 5:00 p.m.

Attendance for all portions of the training is mandatory.

Course: This physically challenging four-day course is intended for individuals who have never been certified as a Child Passenger Safety (CPS) technician, or for technicians whose certification lapsed two or more years ago. Attendees should have a sincere interest in CPS and community outreach. Attendees must be willing and able to participate in NMDOT TSD/Safer-sponsored car seat inspection events to help maintain their skills and support the program.

Name: _____

First Name

Middle Initial

Last Name

Agency/Organization Name: _____

Mailing Address: _____

City/State/Zip: _____

Work Phone Number: _____ Fax Number: _____

Personal Phone Number: _____ Email Address: _____

T Shirt Size _____

Please tell us about the vehicle you will be bringing to the training. If you have a choice, we prefer older vehicles. Law enforcement personnel please bring a vehicle without a cage if possible.

Vehicle Year: _____ Make: _____ Model: _____

There is a \$175.00 fee for this course. Once you receive confirmation of admittance into the course, you will need to complete the payment process by **Thursday, January 9, 2025**. Cancellations with full refunds will be granted through **Monday, January 13, 2025**.

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 CSS inspection events sponsored by the NMDOT TSD and Safer (minimum of four events).

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 CPS 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 by participating in NMDOT-and Safer-sponsored CSS inspection events.

Supervisor's Signature

Date

Please email this application form to jmanzanares@safernm.org by **Monday, January 6, 2025.**

9400 Holly Avenue NE, Suite 201, Albuquerque, NM 87122 • Phone: (505) 856-6119

If you do not receive a confirmation letter, you have not been accepted into the class. If you have any questions, please contact Safer New Mexico Now at (505) 856-6143.