

**National Child Passenger Safety Certification Training Program  
Participant Vehicle Information**

To ensure the most effective child passenger safety technical training, a variety of vehicles and seat belt systems are needed for demonstrations, practice, and skills assessments. Generally, vehicles of course participants are used for these activities and assessments. Please discuss any concerns you may have about the use of your vehicle for course activities with the Instructors.

Provide the following information for the vehicle you are driving today. If you have an alternate vehicle that you could bring for additional class day(s), please provide this information as well.

**NOTE:** As much notice as possible will be given so that selected vehicles can be cleaned out if desired.

**Primary Vehicle**

Participant's Name: \_\_\_\_\_

Year: \_\_\_\_\_  
(Vehicle year of manufacture)

Make: \_\_\_\_\_  
(ex. Ford, Dodge, Chevrolet, Toyota, etc.)

Model: \_\_\_\_\_  
(ex. Taurus, Caravan, S-10, etc.)

Type: \_\_\_\_\_  
(ex. 4-door sedan, mini van, pick up, SUV, etc.)

Color: \_\_\_\_\_

License Plate: \_\_\_\_\_  
(or other useful identifying information)

Please check if you know that you have:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Driver air bag                             | <input type="checkbox"/> Automatic seat belts                  | <input type="checkbox"/> LATCH lower anchors |
| <input type="checkbox"/> Passenger air bag                          | <input type="checkbox"/> Integrated (built-in) child restraint | <input type="checkbox"/> Tether anchors      |
| <input type="checkbox"/> Side air bags                              | <input type="checkbox"/> Side curtain air bags                 |  |
| <input type="checkbox"/> Other unusual features or equipment: _____ |  |  |

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**Alternate Vehicle** (available for additional class days)

Participant's Name: \_\_\_\_\_

Year: \_\_\_\_\_  
(Vehicle year of manufacture)

Make: \_\_\_\_\_  
(ex. Ford, Dodge, Chevrolet, Toyota, etc.)

Model: \_\_\_\_\_  
(ex. Taurus, Caravan, S-10, etc.)

Type: \_\_\_\_\_  
(ex. 4-door sedan, mini van, pick up, SUV, etc.)

Color: \_\_\_\_\_

License Plate: \_\_\_\_\_  
(or other useful identifying information)

Please check if you know that you have:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Driver air bag                             | <input type="checkbox"/> Automatic seat belts                  | <input type="checkbox"/> LATCH lower anchors |
| <input type="checkbox"/> Passenger air bag                          | <input type="checkbox"/> Integrated (built-in) child restraint | <input type="checkbox"/> Tether anchors      |
| <input type="checkbox"/> Side air bags                              | <input type="checkbox"/> Side curtain air bags                 |  |
| <input type="checkbox"/> Other unusual features or equipment: _____ |  |  |