

INSTALLATION SIGNOFF SHEET

Student Name: _____

Date: _____ Conf/Event Name: _____

_____ **Rear-facing only seat without a base**

_____ **Rear-facing only seat with a base**

_____ **LATCH Rear-facing only seat with a base**

_____ **Combination seat - lap belt**

_____ **Convertible seat rear-facing**

_____ **Convertible seat forward-facing**

_____ **LATCH Convertible seat forward-facing**

_____ **Child in Integrated**

_____ **Safety vest**

_____ **Star Seat**

_____ **Pro Tech II or III**

_____ **Portable Child Restraint**

_____ **School Bus Specific Lap Belt Add-On CSRS**