National Digital Car Seat Check Form (NDCF)
Agency Account Request Form

Complete the following information

Applicant Name:___________________________________________________________
Agency:__________________________________________________________________
Email:________________________ Phone:_____________________________________
CPST Certification Number: (Leave blank if not certified) _____________________
NDCF Username (If current account holder):_______________________________

Please select the type of account(s) you are requesting. Select all that apply.

☐ Program Manager- Approved program manager will be given permissions to agency
data to assist in monitoring trends and track seat check activity.

☐ NDCF Preparer- Approved admin accounts will be given permissions for the purpose of
assisting with program data entry only.

Acknowledgements
By signing below, I acknowledge all information on this form is true and accurate and I have
read and agree to the NDCF Terms and Conditions of Use. I understand access to the NDCF
account is valid for one year and must be re-confirmed annually to avoid account interruption.
Applicant Signature: ___________________________ Date: _______________

To protect the fidelity of the information collected in the NDCF, applicant must receive approval
from a direct supervisor or authorized representative. The Agency is responsible for contacting
the NDCF program at info@carseatcheckform.org to cancel or suspend an active account.

Agency Authorized Representative

Printed Name: ___________________________ Title: ___________________________
Email: ___________________________ Phone: ___________________________
Signature: ___________________________ Date: ___________________________
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   - Child restraint and vehicle manufacturers will have access to non-PII data that pertains to their products only.
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