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.

☐ Admin Account- 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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