



Proud Program Partners



SAFE KIDS BUCKLE UP® Senior Checker Profile

This profile is required for all Senior Checkers for any SAFE KIDS BUCKLE UP (SKBU) Car Seat Check Up Events (granted or registry), Child Safety Seat Inspection Stations and SKBU CPS Awareness Workshops. Individuals applying to be the Lead Instructor for the SKB-granted NHTSA Standardized CPS Training and SAFE KIDS CPS Update-Refresher need to complete the SKBU Lead Instructor Profile.

This profile is only valid during the fiscal year in which it submitted. SKBU protocol now requires that Senior Checker Profiles be approved each fiscal year (7/1 – 6/30). Technicians and Instructors are required to renew their profiles at the beginning of each fiscal year in order to remain SKBU-approved Senior Checkers.

Please Note: All SKBU-approved Lead Instructors are automatically considered approved Senior Checkers. They do not need to submit this SAFE KIDS Senior Checker Profile.

I. Contact Information

Senior Checker First Name _____ Last Name _____

SAFE KIDS Coalition Affiliation: _____

Senior Checker Organization: _____

Street Address: _____
[No PO Boxes, Please]

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

II. Child Passenger Safety Certification

Technician or Instructor Certification Number: _____

Original Certification Date: _____ Current Expiration Date: _____

III. Continuing Child Passenger Safety Education

List any continuing CPS education the applicant has received in the past three years, including SAFE KIDS CPS Update-Refresher classes, other update-refresher classes, conferences, etc. Please include the location, date and instructor for all update-refresher classes.

IV. Child Safety Seat Inspection Experience

Please include inspection experience during the past 12 months.

Number of inspection events? _____

Number of SKBU Car Seat Check Up events? _____

Number of CSS checked?

0 1-25 26-100 101-200 200+

IV. Child Safety Seat Inspection Experience Cont.

Please describe any additional inspection/education experience in the past 12 months [inspection stations, one-on-one consultation, CPS presentations in classroom settings, CSS distribution programs, etc.].

How often is the applicant involved with checking child safety seats:

Routinely (every month) Quarterly (4x/year) Occasionally (less than 4x/year)

How many years of experience with child passenger safety issues does the applicant have? _____

V. Coalition Coordinator Signature

[If this is a chapter-sponsored event, the state coordinator must sign this agreement.]

On behalf of the _____ SAFE KIDS Coalition, I certify that we will fulfill Campaign directives and expectations for this event to the best of our ability, fulfill all representations made in the attached grant application, and submit the event evaluation form and checklists, where applicable, no later than 30 days after the conclusion of the event.

Print Coalition Coordinator Name: _____

Signed: _____ Date: _____
(Coalition Coordinator)