



Car Seat Inspection Registration Form

Personal Information

Full Name

Home Address

Phone Number

Email

Age of child(ren) using the car seat?

:

Will the child be present for the install? Yes No

Age(s) of siblings riding in the same vehicle

:

Car Seat Manufacturer / Model New

Used

Vehicle Year / Make/ Model

Vehicle Year / Make/ Model

Court Mandated: Yes No

Available Dates:

Additional Comments: