

# National Child Passenger Safety Certification Training Program Application

Class Dates: Tuesday, April 22 through Friday, April 25, 2025

Location: Chaves County Sheriff's Office  
1 St. Mary's Place #30  
Roswell, NM 88203

Time: 8:00 a.m. to 5:00 p.m.

**Attendance for all portions of the training is mandatory.**

Course: This physically challenging four-day course is intended for individuals who have never been certified as a Child Passenger Safety (CPS) technician, or for technicians whose certification lapsed two or more years ago. Attendees should have a sincere interest in CPS and community outreach. Attendees must be willing and able to participate in NMDOT TSD/Safer-sponsored car seat inspection events to help maintain their skills and support the program.

Name: \_\_\_\_\_

First Name

Middle Initial

Last Name

Agency/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Personal Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*\*\*T Shirt Size \_\_\_\_\_\*\*\*

Please tell us about the vehicle you will be bringing to the training. If you have a choice, we prefer older vehicles. Law enforcement personnel please bring a vehicle without a cage if possible.

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

**There is a \$175.00 fee for this course.** Once you receive confirmation of admittance into the course, you will need to complete the payment process by **Thursday, April 17, 2025**. Cancellations with full refunds will be granted through **Monday, April 21, 2025**.

Billing address: \_\_\_\_\_

**If accepted into this course, I agree to attend and participate fully in all portions of the four-day course. I also agree to participate in local CSS inspection events sponsored by the NMDOT TSD and Safer (minimum of four events).**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*If you are attending through an agency/organization, please have your supervisor sign and date the statement below:*

By sending a member of my staff to this training, I am doing so because I believe that CPS is a serious issue. I will support my staff member by encouraging him/her to use this knowledge and experience to educate and protect families by participating in NMDOT-and Safer-sponsored CSS inspection events.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Please email this application form to [jmanzanares@safernm.org](mailto:jmanzanares@safernm.org) by **Monday, April 14, 2025**.**

9400 Holly Avenue NE, Suite 201, Albuquerque, NM 87122 • Phone: (505) 856-6119

**If you do not receive a confirmation letter, you have not been accepted into the class. If you have any questions, please contact Safer New Mexico Now at (505) 856-6143.**