

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

Complete the following information

Applic	cant Name:		
	cy:		
		Phone:	
CPST	Certification Number: (Leav	e blank if not certified)	
NDCF	Username (If current accou	nt holder):	
Pleas	e select the type of accour	nt(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.		
	owledgements		
		Ill information on this form is true and accurate and I have	
	•	s and Conditions of Use. I understand access to the NDCF	
	•	nust be re-confirmed annually to avoid account interruption.	
Applic	cant Signature	Date:	
_			
•	-	ation collected in the NDCF, applicant must receive approval	
	-	zed representative. The Agency is responsible for contacting	
tne in	DCF program at <u>info@carse</u>	atcheckform.org to cancel or suspend an active account.	
Agen	cy Authorized Representat	<u>ive</u>	
Printe	ed Name:	Title:	
Email	· ·	Phone:	
Signa	ture:	Date:	

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