



BeSeatSmart Child Passenger Safety Seat  
Check Event Request Form

**Seat Check Event Information** (Please allow at least 3-4 weeks for request to be finalized)

Seat Check Event Date: \_\_\_\_\_ Time/From: \_\_\_\_\_ To: \_\_\_\_\_

Event Location including address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_

Your Organization and the name of your event, i.e. School Safety Day, Touch a Truck, Public Safety Open House, etc.:  
\_\_\_\_\_

Organization \_\_\_\_\_ Event theme or name \_\_\_\_\_

How many child safety seats do you anticipate being checked by Child Passenger Safety Technicians? Please note, each seat takes about 1/2 hour to check.: \_\_\_\_\_

Has the event been held before and how many seats were checked? \_\_\_\_\_

ON-SITE, DAY OF THE EVENT CONTACT PERSON IF DIFFERENT THAN ABOVE: Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**Logistics**

Is there a safe location for us to park our BeSeatSmart SUV and ample space for us to set up the seat check event?  
\_\_\_\_\_



When is the earliest we can set-up? \_\_\_\_\_

Is there a restroom available to staff and the public? \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

***Please mail or email to:***  
*Child Passenger Safety Program*  
*Vermont Department of Health*  
*108 Cherry St., Suite 201*  
*Burlington, VT 05401*  
[Sidney.Bradley@vermont.gov](mailto:Sidney.Bradley@vermont.gov)