

**NYS CHILD PASSENGER SAFETY PROGRAM
CPS EVENT APPROVAL FORM
Complete On-line and Print to Sign**

EVENT TYPE SELECTION: Please select the CPS Event you would like to be approved.

Technician Certification Course Renewal Testing CEU Update Training Car Seat Check Event

FUNDING SOURCE: Please select which grant will be your funding source for this CPS Event.

Local CPS Grant Local HS1 Grant NYSA Traffic Safety Board Grant None/Sponsored Event

DIRECTIONS: Email this completed form along with your CPS Event Posting Form to CPS State Coordinator, Paul Overbaugh, paul.overbaugh@dmv.ny.gov for approval. If this is a Certification Courses or Renewal Testing please include your roster and agenda-which includes instructor assignments. Submit at least **FOUR weeks prior** to the event.

TODAY'S DATE: _____ SAFE KIDS COURSE ID: _____ # OF STUDENTS: _____

NAME: _____ EMAIL ADDRESS: _____

PHONE NUMBER: _____

EVENT DATE/S & TIMES: _____ EVENT LOCATION: _____

INSTRUCTOR COMPENSATION:

INSTRUCTOR NAME	LEAD	FULL TIME	PART TIME	HOURS	MILEAGE TOLLS	CAR RENTAL	HOTEL	NONE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Certification Courses and Renewal Testing must follow the Safe Kids Ratio: **one instructor to five technician candidates.** ***CEU Update Trainings will be asked to justify if the same Safe Kids Ratio is requested. ***Hotel accommodations can be requested if event is more than 50 miles one way. ***Mileage is calculated from home or normal work location to the event location or hotel. If staying overnight, no mileage is compensated from your hotel to the CPS Event location. ***Car rental will be approved on case by case basis without mileage reimbursement.

CATERER INFORMATION:

CATERER NAME: _____ EMAIL ADDRESS: _____

CATERER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

CATERING FOR CERTIFICATION COURSE:

DAY	AM BREAK / BEVERAGE	LUNCH / BEVERAGE	EST # PEOPLE	MAX \$\$
1				14.00 pp
2				14.00 pp
3				14.00 pp
4				14.00 pp

CATERING FOR RENEWAL TESTING, CEU UPDATE TRAINING OR CAR SEAT CHECK EVENT:

DAY	AM BREAK / BEVERAGE	LUNCH / BEVERAGE	EST # PEOPLE	MAX \$\$
1				8.00 pp

I have informed my Child Passenger Safety Regional Representative of this Child Passenger Safety Event

If changes occur after a CPS Event has been approved, prior approval is needed before the changes can be reimbursed.

Lead Instructor/Course Administrator Signature

Date