

SIGN IN SHEET

NAME _____
SCHOOL DISTRICT _____
MAILING ADDRESS _____
CITY, ST & ZIP _____
OFFICE PHONE _____
FAX _____
E-MAIL _____
CERTIFIED CPS TECHNICIAN ID NUMBER _____

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Please email this document to: Secretariat@cpsboard.org or Amy.Artuso@nsc.org

*Please note: CPSTs that successfully complete the Child Passenger Safety Restraint Systems on School Buses National Training as of September 1, 2015 will have this training added to their online CPST profile following submission of this sign-in sheet by the course instructor.