



HOPEDALE POLICE DEPARTMENT

CAR SEAT INSTALLATION / SAFETY CHECK APPLICATION

Please fill this form out and have it ready when you come in for your installation or inspection.

Applicant Information

DRIVER NAME		
HOME ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
CHILD AGE	HEIGHT	WEIGHT

Vehicle Information

VEHICLE YEAR	MAKE	MODEL
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Car Seat Information

Type of Child Seat Check all that apply	<input type="checkbox"/> Infant <input type="checkbox"/> Convertible <input type="checkbox"/> Forward Facing <input type="checkbox"/> Rear Facing <input type="checkbox"/> Booster <input type="checkbox"/> Other _____
SEAT MANUFACTURER	
SEAT MODEL NUMBER	

Please answer the following questions to the best of your knowledge.

	YES	NO
Does your car seat meet FMVSS 213 Safety Standards?	<input type="checkbox"/>	<input type="checkbox"/>
Has your car seat been recalled?	<input type="checkbox"/>	<input type="checkbox"/>
Are you the original owner of the seat?	<input type="checkbox"/>	<input type="checkbox"/>
Has the car seat been involved in a crash or accident?	<input type="checkbox"/>	<input type="checkbox"/>