



Wisconsin Information Network For Safety



Wisconsin Senior Checker Registration

Name:		Organization:	
Address:		City/State/zip:	
Email:		Phone #:	
Technician #:	Original certification date:	Expiration date:	

Event attendance or fitting station experience information: (You may submit your own log sheet)

Date	Location	# of seats checked

Experience shadowing a Wisconsin senior checker:

Date:	Location:	# of seats checked:
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Signature of attending WI CPS Instructor: _____ Date: _____

Comments from Instructor:

Experience being shadowed by a Wisconsin senior checker:

Date:	Location:	# of seats checked:
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Signature of attending WI CPS Instructor: _____ Date: _____

Comments from Instructor:

<input type="radio"/> Yes	<input type="radio"/> No	I give permission to have my name, phone and email address posted on the www.wcpsa.com web-site as a Wisconsin senior checker.
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Return completed form to: WINS/Kareen Everman
 52 Sunset Blvd. Stevens Point, WI 54481 **Phone:** 715-346-0055 * **Fax:** 715-346-0003 * wcpsa@sbcglobal.net