

CAR SEAT INFORMATION

Manufacturer: _____ Model # _____

Date of Manufacture: _____ (cannot be more than 7 years old)

Seller # _____ Item # _____

I certify that this car seat has never been involved in an accident.

Print Name _____

Signature _____

****attach this form securely to the car seat**

****ALL of this information must be filled out. If the model number or date of manufacture is not on the car seat, we are unable to sell the item****

To be completed by CHECK-IN CREW:

Does the frame of the car seat have any visible cracks? Yes ___ No ___

Does the locking mechanism function properly? Yes ___ No ___

LL Committee
member recall
check

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