



**DEPARTMENT OF PUBLIC SAFETY**  
**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
**HIGHWAY SAFETY OFFICE**  
 Jose M. Sablan Building  
 P. O. Box 500791, Civic Center - Susupe, Saipan, MP 96950  
 Telephone: (670) 664-9000 (24 Hours) Facsimile: (670) 664-9019/9141



**CHILD RESTRAINT PURCHASE ASSISTANCE PROGRAM**  
**VOUCHER AGREEMENT**

I/We \_\_\_\_\_ and \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel No: (Home) \_\_\_\_\_ Tel No: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_ (Work) \_\_\_\_\_

**Is/Are hereby given a VOUCHER for 50% off the total amount (not to exceed \$200.00) to be used towards purchasing one of the following:**

**Description:**

**Infant:** \_\_\_\_\_  
**Toddler:** \_\_\_\_\_  
**Convertible** \_\_\_\_\_  
**Booster** \_\_\_\_\_

**Car Seat Sizes**

**Birth to at least 1yr. old and at least 20lbs.**  
**One to about 4yrs.old and 20-40lbs.**  
**Birth to about 4yrs.old or up to 40lbs.**  
**About 4 to at least 8 yrs. Old**

**Note: Raise your child right. If they're under 4'9", put them in a BOOSTER Seat.**

I/We have executed this agreement voluntarily with full knowledge of its significance. This is a Highway Safety Public Service Program.

I/We expressly understand that the service provided by DPS, Highway Safety Office is done without profits and solely as public service, the interest of child safety in the CNMI. The CNMI DPS, Highway Safety Office, is not a dealer and makes no warranties expressed or implied as to the fitness of the above car seat. Furthermore, in consideration of being permitted to use the VOUCHER towards the purchase of the above-described car seat,

I/We \_\_\_\_\_ and \_\_\_\_\_

Individually, and as legal guardians of my/our child expressed convenience and agree not to institute any action or suit as law or equity against the CNMI DPS, Highway Safety Office, CNMI Government or any of the above organization's employee, and or institute, prosecute, or in any way aide in the institute of prosecution of any claim, demand, deathless, or injury either to person or property, or both, whether developed or undeveloped, resulting known or unknown, present or future arising out of my/our owning or using the above car seat.

**Please help us plan for the future by completing the following:**

1. Your age: 16-19 \_\_\_\_\_ 30-34 \_\_\_\_\_  
20-24 \_\_\_\_\_ 34-40 \_\_\_\_\_  
25-29 \_\_\_\_\_ 41-Up \_\_\_\_\_

2. Marital Status Married \_\_\_\_\_ Single \_\_\_\_\_  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

3. Child's age (Applying for) \_\_\_\_\_ yr. \_\_\_\_\_ mos.  
Gender: Male \_\_\_\_\_ Female: \_\_\_\_\_

4. Father's Occupation: \_\_\_\_\_

5. Mother's Occupation: \_\_\_\_\_

6. How did you hear about the Child Restraint (Car Seat) Program?  
\_\_\_\_\_

7. Why do you think people are not buckling up their children in an approved Car Seat?  
\_\_\_\_\_

8. Why are Car Seat devices very important?  
\_\_\_\_\_

9. Do you have any suggestion as to how the DPS, HSO (Highway Safety Office), can better promote the usage of Car Seats in the CNMI?  
\_\_\_\_\_  
\_\_\_\_\_

**I/We have read this agreement and understand all terms.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**DPS, Highway Safety Office Personnel** CR Voucher #: \_\_\_\_\_

Application Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Coupon Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Reminder: Copies of the following documents should be obtained from the Applicant:

- 1. Child's Birth Certificate
- 2. Car Registration
- 3. Photo ID/Driver's License

***Buckle Up your Child and Yourself...Every Trip...Every Time!***

***"The Department of Public Safety is an equal opportunity provider and employer"***