

CAR SEAT INFORMATION

Manufacturer: _____ Model # _____

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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