

Tribal Child Passenger Technician Of the Year 2015

Nominee Application

Southern Plains TTAP Center
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APPLICATION SUBMITTED BY:

Name: _____ Date: _____

Phone: _____ Email: _____

Organization/Company: _____

CPST OF THE YEAR NOMINEE:

Name: _____ Date: _____

Phone: _____ Email: _____

Organization/Company: _____

Tribe(s): _____

To the best of your knowledge, please answer the following questions below about the person you are nominating.

1. How many years has the nominee been involved with CPS?

2. Please indicate which programs the nominee is actively involved with. (Select all that apply)

☐

Safe Kids

☐

Permanent fitting station

☐

Car Seat events

☐

Training/education outside of seat checks

☐

Other- please list below

3. A letter of recommendation is needed to complete your application. In your opinion, why is this person the Southern Plains TTAP CPST of the Year? (Please include all relevant information including accomplishments, program

participation, tribal community involvement, awards, etc.) Please submit photos, news articles, or other materials with the nomination form that support the nominee's work. The letter of recommendation is to not exceed more than 2 pages.