

Form Approved: OMB No. 2127-0576

Expiration Date: 01/31/2026

**Child Safety Seat Registration Form**

Although child safety seats undergo testing and evaluation by the manufacturer and must also meet the requirements of Federal Motor Vehicle Safety Standard No. 213; Child Restraint Systems, it is possible that your child seat could be recalled by the manufacturer.

In the event of a safety recall, manufacturers are required to notify all registered owners by first class mail that their child seat is included in the recall. Therefore, it is very important that the manufacturer of your child seat has your current mailing address, and all of the information necessary to properly identify your child seat.

The National Highway Traffic Safety Administration (NHTSA) encourages owners of child safety seats to **fill out the manufacturer’s registration card attached to the child safety seat and send it directly to the manufacturer**. However, if you would like NHTSA to forward your registration information to the manufacturer, please provide all of the information requested on the lower half of this form, sign it and send to NHTSA by:

* Emailing it to ChildSeatRegister@dot.gov,
* Faxing it to 202-366-8546, or
* Mailing it to: U.S. Department of Transportation, National Highway Traffic Safety Administration, Office of Defects Investigation, Child Restraint Registration (NVS-216), 1200 New Jersey Avenue SE, Washington, DC 20590.

If you have any questions, or need help with any child seat, please call NHTSA’s Vehicle Safety Hotline at 888-327-4236 or visit NHTSA.gov.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Seat Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manufacture Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AUTHORIZE NHTSA TO PROVIDE A COPY OF THIS FORM TO THE CHILD SEAT MANUFACTURER IDENTIFIED ABOVE**

**(SIGNATURE REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Paperwork Reduction Act Burden Statement**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0576. Public reporting for this collection of information is estimated to be approximately 6 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Avenue SE, Washington, DC 20590.

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**NHTSA 1053A**