

After filling out this form, print it and fax it to 785-233-1342
or email it to ktsro@dcca.org.



Kansas CarFit Kit Checkout Form

NAME: _____

ORGANIZATION: _____

EMAIL: _____

TELEPHONE: _____

FAX: _____

EVENT: _____

EVENT DATES: _____

By signing below, I agree to the following for the CarFit Kit checkout.

1. All CarFit Kit materials are to be returned to whom they were checked out from within one week of the conclusion of your CarFit event.
2. Any missing items are to be replaced at the expense of the above mentioned person and/or organization within one month of the CarFit Kit being returned.

Signature

Date

Thank you for your efforts to promote CarFit here in Kansas, and making Kansas drivers safer. You will receive a confirmation email once this form is received by KTSRO. If you have not received a confirmation in 1 to 2 business days, please call the office at 800-416-2522. We will forward your request on to the closest CarFit Kit location. They should contact you within the next work week. If you haven't heard from someone within the next week please contact our office so we can follow up on your request. Again thanks for making Kansas safer!

CarFit Kits Contents

Large Tote:

	Returned OK	Missing
1. 8 Collapsible Traffic Cones	X	X
2. 7 CarFit Signs with wire stakes	X	X
3. OT Leg Lifter	X	X
4. OT HandyBar	X	X
5. OT Swivel Seat Cushion	X	X
6. OT Seatbelt Reacher	X	X
7. OT wedge Cushion	X	X
8. OT Key Turner	X	X

Small Tote:

1. 8 Traffic Vests	X	X
2. 8 Clipboards	X	X
3. 8 Rulers	X	X
(Hanging File Hand-outs)		
4. CarFit 12-point Checklists		
5. CarFit Waiver Forms		
6. Tire Info Sheets		
7. Mirror Adjustment Sheets		
8. OT Items List		
9. OT 6 Tips for Driving Wellness		

1. All items were returned satisfactorily. _____
 2. Items listed on a separate sheet are to be replaced as per the agreement on page #1. _____
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CarFit Kit Staff Member

Date