



APPLICATION FOR CERTIFICATE OF REGISTRATION OR CHANGE

Personal Information Notice

Pursuant to the [Federal Privacy Act \(P.L. 93-579\)](#) and the [Information Practices Act of 1977 \(Civil Code Sections 1798, et seq.\)](#), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under [Article 6 of the Information Practice Act of 1977 \(Civil Code Section 1798.24\)](#). Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries to calfire.cpo@fire.ca.gov.

SECTION I Application is hereby made for the following:

- \$185.00 New Application
- \$185.00 Upgrade Application EE: _____

SECTION II General Information:

*All fields below are required and must be completed. We cannot process application without complete information.

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Driver's License Number: _____

Hair: _____ Eyes: _____ Height: _____ Weight _____ DOB: _____

Email: _____

Have you ever held a Certificate of Registration? No Yes EE: _____

If so, was your Certificate of Registration denied, revoked, or suspended? No Yes

If yes, please explain: _____



SECTION III Employer Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone _____ Concern _____
 Number: _____ Number: _____

Section IV Certification Statement

I understand that false statements or misrepresentation of any information on this application will be grounds for denial of the document for which I am applying. I certify that all information provided herein is accurate and truthful.

Signature _____ Date _____

IMPORTANT NOTICE: This application will not be accepted without the appropriate non-refundable fee. All items must be completed. An incomplete application could be the basis for denial of a certificate.

SECTION V Submission

Please make checks/money orders payable to "CAL FIRE / OSFM and mail with application to:

**CAL FIRE / Office of the State Fire Marshal
 Cashiers Unit / Fire Extinguisher Program
 P.O. Box 997446
 Sacramento, CA 95899-7446**

For Departmental Use
 Only

_____-0102-4129400-
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 59421 \$ _____

*Please contact the Assistant Program Coordinator with questions. FE@fire.ca.gov