



**CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION  
 OFFICE OF THE STATE FIRE MARSHAL  
 FIRE ENGINEERING DIVISION  
 AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM  
 SPRINKLER FITTER CERTIFICATION and  
 APPRENTICE/TRAINEE REGISTRATION APPLICATION**

**SECTION I: CHECK APPLICABLE BOX**

- \$150.00 Sprinkler Fitter Certification
- \$150.00 Apprentice Registration
- \$150.00 Trainee Registration

**SECTION II: GENERAL INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Drivers' License Number: \_\_\_\_\_  
 Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_ DOB: \_\_\_\_\_

Have you taken the examination within the past 15 days?  No  Yes Date: \_\_\_\_\_

**SECTION III: EMPLOYER INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ CSLB License Number: \_\_\_\_\_

**SECTION IV: SUBMISSION**

The Office of the State Fire Marshal only accepts checks and money orders as method of payment.

Please make check/money order payable to "CAL FIRE/OSFM" and mail along with a completed application to:

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

**For Departmental Use Only**  
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**SECTION V: PERJURY STATEMENT**

I understand that false statements or misrepresentation of any information on this application will be grounds for denial of the Certification/Registration for which I am applying.

I, \_\_\_\_\_, affirm that as an applicant for a Sprinkler Fitter Certificate of Competency, I have read and will abide by all the laws, rules, and regulations regarding the Sprinkler Fitter Certification Program as defined by Title 19, California Code of Regulations, Chapter 5.5. Automatic Fire Extinguishing Systems Certification. I certify that all application information provided herein and all statements made to obtain this Sprinkler Fitter Certificate of Competency are accurate and truthful to the best of my knowledge.

Documentation validating the number of hours I have completed which qualify me to apply for a Sprinkler Fitter Certificate of Competency is at the level (please check one):

- Commercial (7,000 hours and 5 years' experience) (as defined by NFPA 13)
- Multi-Family Residential (3,500 hours and 2 years' experience) (as defined by 13R)

I hereby release the Office of the State Fire Marshal from any liability or damage that may result from providing the information included in this application, or as a result of certification as a Sprinkler Fitter Certificate of Competency Holder.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Subscribed and sworn before me the \_\_\_\_\_ day of the month of \_\_\_\_\_ of the calendar year \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Printed Name of Notary Public**

Complete address and contact information of Notary Public:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SEAL OF THE NOTARY PUBLIC