



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

SECTION I: CHECK APPLICABLE BOX

- \$25.00 Fee
- Card Only Sticker Only Both Card and Sticker

Certificate Number: _____

Registration Number: _____

SECTION II: APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Drivers' License Number: _____

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

Email Address: _____

SECTION III: PERJURY STATEMENT

I understand that false statements or misrepresentation of any information on this application will be grounds for denial of replacement documentation.

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

Signature: _____ Date: _____

SECTION IV: SUBMISSION

The Office of the State Fire Marshal **(OSFM)** 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 **(OSFM) Office of the State Fire Marshal
 Cashiers Unit / AES Program
 P.O. Box 997446
 Sacramento, CA 95899-7446**

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