



**CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION
AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM - SPRINKLER FITTER
~~SFM JOB RELATED EXPERIENCE PROGRAM (JREP) APPLICATION~~
SFM JOB RELATED TRAINING AND EXPERIENCE REVIEW (JRTER) APPLICATION**

SECTION I: GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone Number: (____) _____ Cell Number: (____) _____

Driver License #: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____ DOB: _____

Email Address: _____

SECTION II: LEVEL OF EDUCATION

Did you graduate from High School?

Yes No

If not, do you possess a GED or Equivalent?

Yes No

High School Name: _____ Completion Date: _____

Address: _____ City: _____ State: _____

If not, enter the highest grade you completed. _____

Have you attended College? Yes No

College Name: _____ Completion Date: _____

Address: _____ City: _____ State: _____

Have you had additional schooling? Yes No **If so, please indicate below:**

Provider Name: _____ Completion Date: _____ Number of Years: _____

Address: _____ City: _____ State: _____

Provider Name: _____ Completion Date: _____

Address: _____ City: _____ State: _____

Provider Name: _____ Completion Date: _____

Address: _____ City: _____ State: _____



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SECTION III: EMPLOYMENT HISTORY

Beginning with your most recent employer, provide the information being requested for the last ten years of employment (including military service) as indicated below:

Employer Name and Address	Nature of Work	Employment Dates	Months Worked
		From To	

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

Applicants Legal Signature:	Date:
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SECTION IV: SUBMISSION

- \$500.00 OSFM Commercial Training Standard Program
- \$500.00 OSFM Multi-family Residential Training Standard Program

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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