



CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROECTION
 OFFICE OF THE STATE FIRE MARSHAL
 PO BOX 997446
 SACRAMENTO, CA 95899-7446
 PHONE (916) 445-8376
 RENEWAL APPLICATION
 WEEKLY FIRE PUMP TEST CERTIFICATE

FE _____

Listee:

Name
 Street Address
 City
 ATTN:

Fee: \$ 80.00
 Fee with Penalty \$120.00
 (If Postmarked after Nov. 1, _____)

If above Address is Incorrect, line out and print correct mailing address.

INSTRUCTIONS

1. Review all information listed below. **Make any corrections or additions as needed on this form.**
2. Sign, Date and Return this Application with **Check or Money Order** made payable to:

CDF/OFFICE OF THE STATE FIRE MARSHAL
Cashier Unit/Fire Engineering
 PO Box 997446
 Sacramento, CA 95899-7446

3. Certifications not renewed by December 31, _____ are no longer Valid and Weekly Fire Pump Tests after January 1, _____ will be a violation of the Health and Safety Code.

The following information appears in our Databases:

Certificate #: _____

Listee: _____

Residence Address: _____

Telephone: _____

Driver License #: _____

Employer ID #: _____

FOR OFFICIAL USE ONLY ** PCA ** 59421	
ROC #:	
AMOUNT: 125800.01	
LATE FEE: 125900.22	
DATE:	

"I hereby certify that the above information is correct and true"

 Signature of Applicant

 Date