



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

SECTION I: CERTIFICATION REQUIREMENTS

- \$150.00 Sprinkler Fitter Certification
The following supporting documentation **MUST** be provided along with your completed application
- Resume Letter of Recommendation (written and signed by employer)

SECTION II: GENERAL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Drivers' License Number: _____
Hair: _____ Eyes: _____ Height: _____ Weight: _____ DOB: _____
Email Address: _____
Have you taken the examination within the past 30 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 (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 and supporting documentation 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
PCA 59422
Index 5942
Source Code 125700-11



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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 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:** _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature _____



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Instructions for Completing the Sprinkler Fitter Certification Application (Form AES 1005)

Section	Instruction
I. Certification Requirements	
Check all three boxes to indicate the application is complete and accompanied by the supporting documentation.	
II. General Information	
Name	Enter the full name of the applicant.
Address	Enter the mailing address of the applicant.
City	Enter the city of the applicant's address. Do not abbreviate.
State	Enter the state of the applicant's address.
Zip	Enter the zip code of the applicant's address.
Telephone	Enter the complete telephone number of the applicant.
Driver License Number	Enter the complete CA driver license or CA identification card of the applicant.
Hair	Enter the hair color of the applicant.
Eyes	Enter the eye color of the applicant.
Height	Enter the height of the applicant.
Weight	Enter the weight of the applicant.
Date of Birth	Enter the complete date of birth of the applicant.
Email Address	Enter the complete email address of the applicant.
Exam Question	Check the box indicating if the applicant has taken the Sprinkler Fitter Certification Exam within the past 30 days. If "Yes," enter the date the exam was taken.
III. Employer Information	
Name	Enter the name of the applicant's employer.
Address	Enter the complete business address of the applicant's employer.
City	Enter the city of the applicant's employer's address.
State	Enter the state of the applicant's employer's address.
Zip	Enter the zip code of the applicant's employer's address.
Telephone	Enter the complete telephone number of the applicant's employer.
CSLB License Number	Enter the CSLB license number of the applicant's employer.
V. Perjury Statement	
Name	Print the full name of the applicant.



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Commercial/Multi-Family Residential	Check the box indicating the applicant meets the qualifications for either a Commercial OR a Multi-Family Residential certification. Only Check one.
Printed Name	Enter the full name of the applicant.
Signature	Signature of the applicant.
Date	Enter the date the applicant signed this form.
Notary	This portion will be completed by the Notary Public. Leave this portion blank.

Notary: The application must be notarized by a notary public.

Photo: Please include a 2 x 2 inches (passport size) color photo with the application. Failure to include a photo may delay the issuance of a certification card.

Supporting Documentation: The completed application must be accompanied by the applicant's resume showing the applicant's experience working within the scope of the regulations. The completed application must also be accompanied by a Letter of Recommendation, written and signed by the applicant's employer, on company letterhead certifying, under penalty of perjury, the applicant's experience and hours.

Where to file: The completed form along with the applicable fees and supporting documentation can be mailed to **CAL FIRE – Office of the State Fire Marshal, Cashiers Unit/AES Program, P.O. Box 997446, Sacramento, CA 95899-7446.**