



CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
 OFFICE OF THE STATE FIRE MARSHAL
 FIRE ENGINEERING PROGRAM
 Portable Fire Extinguisher Program
APPLICATION FOR CERTIFICATE OF REGISTRATION

SECTION I Application is hereby made for the following:

- \$85.00 fee** New Application
 \$85.00 fee Upgrade Application EE: _____

SECTION II General Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Drivers License Number: _____
 Hair: _____ Eyes: _____ Height: _____ Weight _____ DOB: _____
 Have you taken the exam within the past 15 days? No Yes Date: _____
 Have you ever held a Certificate of Registration? No Yes EE: _____
 If so, was your Certificate of Registration denied, revoked, or suspended? No Yes
 If yes, please explain:

SECTION III Employer Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Employer License Number: _____

Section IV Perjury Statement

I understand that false statements or misrepresentation of any information on this application will be grounds for denial of the document for which I am applying. I certify that all information provided herein is accurate and truthful.

Signature _____ Date _____

SECTION V Submission

Please make checks/money orders payable to "CAL FIRE / OSFM and mail with application to:

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

For Departmental Use Only
 PCA 59421
 Index 5942
 Source Code 125700-11

**Please contact the Assistant Program Coordinator with questions. (916) 445-8396*