



**DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE CALIFORNIA STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION
PORTABLE FIRE EXTINGUISHER PROGRAM
INDIVIDUAL TECHNICIAN VERIFICATION REPORT**

Company Name: _____

Physical Address: _____

City: _____ Zip: _____

Contact Person: _____ Phone Number: _____

TECHNICIAN 1	
Name	
Driver's License	
Expiration	
DOB	
Address	
City, State, Zip	
CofR Number	
Type	
Label	
Expiration	

TECHNICIAN 3	
Name	
Driver's License	
Expiration	
DOB	
Address	
City, State, Zip	
CofR Number	
Type	
Label	
Expiration	

TECHNICIAN 2	
Name	
Driver's License	
Expiration	
DOB	
Address	
City, State, Zip	
CofR Number	
Type	
Label	
Expiration	

TECHNICIAN 4	
Name	
Driver's License	
Expiration	
DOB	
Address	
City, State, Zip	
CofR Number	
Type	
Label	
Expiration	