



CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
 OFFICE OF THE STATE FIRE MARSHAL
 FIRE ENGINEERING DIVISION
 FIREWORKS PROGRAM
APPLICATION REPLACEMENT IDENTIFICATION CARD

SECTION I Application is hereby made for the following:

<input type="checkbox"/>	Fee \$25.00 fee	Program Fireworks Pyrotechnics	License Number Number: _____	PCA 59420
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ID Card was: Lost Stolen Duplicate Name Change

SECTION II General Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Drivers License Number: _____
 Hair: _____ Eyes: _____ Height: _____ Weight _____ DOB: _____

SECTION III 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 IV 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 / Fireworks Program
 P.O. Box 997446
 Sacramento, CA 95899-7446**

*Please contact the Assistant Program Coordinator with questions. (916) 445-8373
 Allow 4-6 weeks for processing*

For Departmental Use Only
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