



DEPARTMENT OF FORESTRY AND FIRE PROTECTION  
OFFICE OF THE CALIFORNIA STATE FIRE MARSHAL  
FIRE ENGINEERING DIVISION  
FLAME RETARDANT PROGRAM  
**APPLICATION FOR  
LIMITED APPLICATOR**

**SECTION I**

Company Name: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

Physical Address\*\*: \_\_\_\_\_

Contact Person\*: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\* **Only one mailing address and contact person is permitted per company.**

\*\***Must provide physical address with zip code; NO P.O. Boxes Allowed.**

**SECTION II**

APPLICATION IS HEREBY MADE FOR THE FOLLOWING (**CHECK ONE**):

**LIMITED:** Complete all SECTIONS of application, provide check/money order for \$85.00 payable to CSFM- Fire Engineering Division, photographs or catalog picture of equipment used to chemically treat trees, and a picture or diagram of shelter where trees will be kept dry before and after treatment.

**REVISIONS:** Registration No. \_\_\_\_\_. Complete SECTIONS I, II, III. Provide description of requested minor revision (address change, additional applicator(s), etc.). A Change of Ownership must be a notarized document on company letterhead signed by the new and existing owners.

**SECTION III**

**CERTIFICATION:** As company owner, responsible company officer or authorized agent, I certify that I have read and understand the information on this form and that the facts I present to the California State Fire Marshal for review and evaluation are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Signee: \_\_\_\_\_ Title of Signee: \_\_\_\_\_

**SUBMISSION:** A completed application (on an original application form) and all required supplemental data should be submitted to the address listed below. Evaluations will be reviewed in the order in which they are received at CSFM. **Failure to supply all needed information (including signature or illegible applications) will result in REJECTION of the application package.** After evaluation and processing, if eligible, you will receive a notice to take the examination.

CSFM- Fire Engineering Division  
Flame Retardant Program  
1131 S Street  
Sacramento, CA 95811  
(916) 445-8376 FAX (916) 445-8458  
[http://osfm.fire.ca.gov/strucfireengineer/strucfireengineer\\_flameretardant.php](http://osfm.fire.ca.gov/strucfireengineer/strucfireengineer_flameretardant.php)



**MUST COMPLETE BOTH SIDES OF THE APPLICATION  
INCOMPLETE APPLICATIONS WILL BE REJECTED**

**FOR ACCOUNTING USE ONLY – 5942-59425-125700-11**

**SECTION IV**

**APPLICATORS:**

**PRINT NAME**

**SIGNATURES**

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A) Provide a brief description of the method(s) of application to be used:

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B) Provide a summary of practical (on-the-job) experience in flame resistant chemical application.

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C) **Limited Applicators:** Provide photographs or catalog pictures of equipment you will be using to chemically treat trees, **AND** provide photographs or a description of the type of shelter which will be provided to keep the trees dry both before and after applying the chemical treatment.

**EMPLOYER RESPONSIBILITY**

Every flame-retardant application concern shall be responsible for the acts of its employees or agents, in-so-far as such acts apply to the flame-retardant treatment of any fabric or material and the concern's registration certificate shall be subject to revocation for acts of said employees or agents.