



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: _____

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 the reverse side of 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) 445-8533 FAX (916) 445-8458
http://osfm.fire.ca.gov/strucfireengineer/strucfireengineer_flameretardant.php



* Only one mailing address and contact person is permitted per company.
**Must provide physical address with zip code; NO P.O. Boxes.

**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

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

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

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.