Community Risk Specialist
Certification Task Book Application

Identification

Candidate: _____

SFT ID Number: _____

Mailing Address: _____

Phone (Home): _____ **Phone (Mobile):** _____

Phone (Work): _____ **Email:** _____

Agency: _____

Mailing Address: _____

How would you prefer to receive your certification task book?

☐ Email (to address listed above) ☐ US mail (to home mailing address)

Instructions

1. To apply for a certification task book, download (from the SFT website), complete and submit:
    a. The SFT Fee Schedule
    b. The certification task book application for the job function certification being pursued

2. A complete certification task book application package includes:
    a. The SFT Fee Schedule
    b. Nonrefundable payment by check or money order (payable to CAL FIRE – State Fire Training)
    c. The certification task book application
    d. All supporting and verification documentation

3. Submit the complete certification task book application package to:
    State Fire Training
    Attn: Cashier
    PO Box 997446
    Sacramento, CA 95899-7446

Prerequisites

Certification

1. Document the certifying agency, certification number, and completion date for the job function certification.

Certification	Certifying Agency	Certification Number	Completion Date
Community Risk Educator			

Education

1. Document the completion of each required course.
2. Submit course completion certificates for the courses listed below

Course	Completion Date (listed on certificate)
Community Risk Educator	
Community Risk Specialist	

Rank

State Fire Training confirms that there are no rank or position requirements to obtain this certification task book.

Certification Exam

SFT anticipates implementation of a certification examination at a future date.

Authorities

1. Print name, sign, and date the candidate statement.
2. Ask your fire chief or the authorized designee to complete the fire chief statement.

Candidate

Candidate: _____
Candidate's Printed Name

I, the undersigned, am the person applying for a [Certification Title] Certification Task Book. I hereby certify under penalty of perjury under the laws of the State of California, that all information contained in this application is true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause for rejection.

_____ _____
Candidate's Signature Date

Candidate's Fire Chief

Candidate's Fire Chief: _____
Fire Chief's (or Authorized Designee's) Printed Name

I, the undersigned, am the person authorized to verify the candidate's application information. I hereby certify under penalty of perjury under the laws of the State of California, that all information contained in this application is true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause for rejection.

_____ _____
Fire Chief's (or Authorized Designee's) Signature Date

Approval and Authorization

Complete Application

☐ The candidate has met all application requirements and will be issued a certification task book.

_____ _____
State Fire Training Representative's Signature Date