



# Application for Course Certificates FEE SCHEDULE



**State Fire Training**  
**ATTN: Cashier**  
**PO Box 997446**  
**Sacramento, CA 95899-7446**  
 Website: <http://sft.fire.ca.gov>

#	<b>DUPLICATE COURSE CERTIFICATES</b> <i>(List Additional Certificates on Separate Paper)</i>	Each	Total
	CFSTES Course Certificate <span style="float: right;"><i>Accounting Code: 5921-59210-142500-20</i></span>	\$ 35.00	
	▪ Course Title:		
	▪ Date Completed:		
	▪ Course Title:		
	▪ Date Completed:		
	FSTEP Course Certificate <span style="float: right;"><i>Accounting Code: 5921-59210-142500-21</i></span>	\$ 20.00	
	▪ Course Title:		
	▪ Date Completed:		
	▪ Include a copy of the course roster from the instructor with your name listed.		
#	<b>COURSE EQUIVALENCIES</b> <i>(List Additional Certificates on Separate Paper)</i>		
	Course Equivalency Certificate <span style="float: right;"><i>Accounting Code: 5921-59210-142500-20</i></span>	\$ 60.00	
	▪ Course Title:		
	▪ Date Completed:		
	▪ Course Title:		
	▪ Date Completed:		
#	<b>PACE III REVIEW</b> <i>(List Additional Certificates on Separate Paper)</i>		
	PACE III REVIEW <span style="float: right;"><i>Accounting Code: 5921-59210-142500-23</i></span>	\$ 60.00	
	▪ Course Title:		
	▪ Course Title:		
	▪ Course Title:		
<b>REGIONAL/LOCAL ACADEMY ACCREDITATION/REACCREDITATION</b>			
	Application Processing <span style="float: right;"><i>Accounting Code: 5921-59210-142500-11</i></span>	\$500.00	
	Accreditation Site Review Team Costs <i>(not to exceed \$2,000.00)</i>		
	<b>TOTAL SUBMITTED:</b>		

*I, the undersigned, am the person making application for the above. I hereby certify under penalty of perjury under the laws of the State of California, that all statements made therein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause of denial.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICATION MUST BE SIGNED AND ATTACHED WITH PAYMENT** **\* FEES ARE NONREFUNDABLE \***

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department: \_\_\_\_\_ Department Phone: \_\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 SFT ID # \_\_\_\_\_ OR Last 4 digits SSN #: \_\_\_\_\_  
 Revised AUG 2013 EFFECTIVE June 1, 2010