



Application for Certification FEE SCHEDULE



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

#	CERTIFICATION	Each	Total
	Chief Officer	\$ 90.00	
	Fire Apparatus Driver/Operator I	\$ 65.00	
	Fire Chief [] #1 Receive Application \$50 [] #2 Submit Application \$200 [] #3 Pace IV Review \$250		
	Fire Fighter I (Scantron Application Form Required)	\$ 40.00	
	Fire Fighter II (Scantron Application Form Required)	\$ 40.00	
	Fire Instructor II	\$ 65.00	
	Fire Instructor III	\$ 65.00	
	Fire Investigator I	\$ 65.00	
	Fire Investigator II	\$ 65.00	
	Fire Marshal	\$ 65.00	
	Fire Mechanic I	\$ 65.00	
	Fire Mechanic II	\$ 65.00	
	Fire Mechanic III (Master Mechanic)	\$ 65.00	
	Fire Mechanic Recertification	\$ 60.00	
	Fire Officer	\$ 65.00	
	Fire Prevention Officer	\$ 65.00	
	Fire Protection Specialist	\$ 65.00	
	Hazardous Materials Technician	\$ 65.00	
	Hazardous Materials Specialist	\$ 65.00	
	Plans Examiner	\$ 65.00	
	Public Education Officer I	\$ 65.00	
	Training Instructor (Completed Task Book Required)	\$ 65.00	
	Volunteer Fire Fighter (Scantron Application Form Required)	\$ 25.00	
	Duplicate Fire Fighter Certificate (List Additional Certificates On Separate Paper)	\$ 35.00	
	▪ Certificate Title:		
	▪ Date Issued:		
	Accounting Code: 5921-59210-142500-23	Total Submitted:	

I, the undersigned, am the person applying for certification. 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 for rejection.

APPLICANT'S SIGNATURE: _____ DATE: _____

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

Full Name: _____ Date: _____
Department: _____ Last 4 digits only SS #: _____
Mailing Address: _____
City/State/Zip: _____
Department Phone: _____ Home Phone: _____

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

Effective June 1, 2010



Application for Course Certificates FEE SCHEDULE



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

#	RETAKES EXAMS	Each	Total
	Capstone Test <i>Accounting Code: 5921-59210-142500-20</i>	\$ 35.00	
	CFSTES Course <i>Accounting Code: 5921-59210-142500-20</i>	\$ 35.00	
#	DUPLICATE COURSE CERTIFICATES <i>(List Additional Certificates on Separate Paper)</i>		
	CFSTES <i>Accounting Code: 5921-59210-142500-20</i>	\$ 35.00	
	▪ <i>Course Title:</i>		
	▪ <i>Date Completed:</i>		
	▪ <i>Course Title:</i>		
	▪ <i>Date Completed:</i>		
	FSTEP <i>Accounting Code: 5921-59210-142500-21</i>	\$ 20.00	
	▪ <i>Course Title:</i>		
	▪ <i>Date Completed:</i>		
	▪ <i>Include a copy of the course roster from the instructor with your name listed.</i>		
#	COURSE EQUIVALENCIES <i>(List Additional Certificates on Separate Paper)</i>		
	Course Equivalency Certificate <i>Accounting Code: 5921-59210-142500-20</i>	\$ 80.00	
	▪ <i>Course Title:</i>		
	▪ <i>Date Completed:</i>		
	▪ <i>Course Title:</i>		
	▪ <i>Date Completed:</i>		
#	PACE III REVIEW <i>(List Additional Certificates on Separate Paper)</i>		
	PACE III REVIEW <i>Accounting Code: 5921-59210-142500-23</i>	\$ 80.00	
	▪ <i>Course Title:</i>		
	▪ <i>Course Title:</i>		
	▪ <i>Course Title:</i>		
REGIONAL/LOCAL ACADEMY ACCREDITATION/REACCREDITATION			
	Application Processing <i>Accounting Code: 5921-59210-142500-11</i>	\$500.00	
	Accreditation Site Review Team Costs <i>(not to exceed \$2,000.00)</i>		
TOTAL SUBMITTED:			

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: _____ Last 4 digits only SS #: _____
 Mailing Address: _____
 City/State/Zip: _____
 Department Phone: _____ Home Phone: _____