



# 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 <span style="float: right;"><i>(Scantron Application Form Required)</i></span>	\$ 40.00	
	Fire Fighter II <span style="float: right;"><i>(Scantron Application Form Required)</i></span>	\$ 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 <span style="float: right;"><i>(To Receive Task Book)</i></span>	\$ 65.00	
	Volunteer Fire Fighter <span style="float: right;"><i>(Scantron Application Form Required)</i></span>	\$ 25.00	
	Duplicate Certification Certificate <span style="float: right;"><i>(Only for <u>Certifications</u> Listed Above)</i></span>	\$ 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: \_\_\_\_\_ Department Phone: \_\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 SFT ID # \_\_\_\_\_ OR Last 4 digits SSN #: \_\_\_\_\_



# 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 #: \_\_\_\_\_