



**CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION  
 OFFICE OF THE STATE FIRE MARSHAL  
 FIRE ENGINEERING DIVISION  
 AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM  
 SPRINKLER FITTER REPLACEMENT CERTIFICATION/REGISTRATION  
 IDENTIFICATION CARD APPLICATION**

**SECTION I: CHECK APPLICABLE BOX**

- \$25.00 Fee
- Card Only                       Sticker Only                       Both Card and Sticker

Certificate Number: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**SECTION II: APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Drivers' License Number: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION III: PERJURY STATEMENT**

I understand that false statements or misrepresentation of any information on this application will be grounds for denial of replacement documentation.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV: SUBMISSION**

The Office of the State Fire Marshal (OSFM) only accepts checks and money orders as method of payment.

Please make check/money order payable to "CAL FIRE - OSFM" and mail along with a completed application to:

**CAL FIRE - Office of the State Fire Marshal  
 Cashiers Unit / AES Program  
 P.O. Box 997446  
 Sacramento, CA 95899-7446**

**For Departmental Use Only**  
 PCA 59422  
 Index 5942  
 Source Code 125700-11



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**IDENTIFICATION CARD APPLICATION**

**Instructions for Completing the**  
**Sprinkler Fitter Replacement Certification/Registration ID Card**  
**Application (Form AES 1006)**

Section	Instruction
<b>I. Check Applicable Box</b>	
Check the "\$25.00 Fee" box to indicate the \$25.00 fee is included with the completed application. Check the box to indicate if the application is for a replacement card, sticker or both card and sticker. (Only check one of the three)	
Certificate <b>OR</b> Registration Number	Enter either the applicant's current certificate <b>OR</b> registration number. (Only enter one)
<b>II. Applicant Information</b>	
Name	Enter the full name of the applicant.
Address	Enter the mailing address of the applicant.
City	Enter the city of the applicant's address. Do not abbreviate.
State	Enter the state of the applicant's address.
Zip	Enter the zip code of the applicant's address.
Telephone	Enter the complete telephone number of the applicant.
Driver License Number	Enter the complete driver license of the applicant.
Hair	Enter the hair color of the applicant.
Eyes	Enter the eye color of the applicant.
Height	Enter the height of the applicant.
Weight	Enter the weight of the applicant.
Date of Birth	Enter the complete date of birth of the applicant.
Email Address	Enter the complete email address of the applicant.
<b>III. Perjury Statement</b>	
Signature	Signature of the applicant.
Date	Enter the date the applicant signed this form.

**Where to file:** The completed form along with the applicable fees and supporting documentation can be mailed to **CAL FIRE – Office of the State Fire Marshal, Cashiers Unit/AES Program, P.O. Box 997446, Sacramento, CA 95899-7446.**