



**APPLICATION FOR LIMITED APPLICATOR**

**SECTION I**

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

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

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**\* Only one mailing address and contact person is permitted per company.**  
**\*\*Must provide physical address with zip code, NO P.O. Boxes Allowed.**

**SECTION II** APPLICATION IS HEREBY MADE FOR THE FOLLOWING (**CHECK ONE**):

- LIMITED:** Complete all SECTIONS of application, provide check/money order for \$230.00 payable to CAL FIRE - OSFM, photographs or catalog picture of equipment used to chemically treat trees, and a picture or diagram of shelter where trees will be kept dry before and after treatment.
- REVISIONS:** Registration No. \_\_\_\_\_. Complete SECTIONS I, II, III. Provide description of requested minor revision (address change, additional applicator(s), etc.). A Change of Ownership must be a notarized document on company letterhead signed by the new and existing owners.

**SECTION III**

**CERTIFICATION:** As company owner, responsible company officer or authorized agent, I certify that I have read and understand the information on this form and that the facts I present to the Office of the State Fire Marshal for review and evaluation are true and accurate.

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

Printed Name of Signee: \_\_\_\_\_ Title of Signee: \_\_\_\_\_

**SUBMISSION:** A completed application (on an original application form) and all required supplemental data should be submitted to the address listed below. Evaluations will be



reviewed in the order in which they are received at OSFM. **Failure to supply all needed information (including signature or illegible applications) will result in REJECTION of the application package.** After evaluation and processing, if eligible, you will receive a notice to take the examination.

**For regular mail (application and fee) send to:**  
**CAL FIRE - Office of the State Fire Marshal**  
**Cashiers Unit – Flame Retardant Program**  
**P.O. Box 997446**  
**Sacramento, CA 95899-7446**

**For shipping address, FED EX, UPS, etc., send to:**  
**ATTN: Cashier’s Unit – Flame Retardant Program**  
**CAL FIRE - Office of the State Fire Marshal**  
**710 Riverpoint Court**  
**West Sacramento, CA 95605**

**Please send questions to: [fr@fire.ca.gov](mailto:fr@fire.ca.gov)**  
**<https://osfm.fire.ca.gov/divisions/fire-engineering-and-investigations/flame-retardant-chemicals-and-fabrics>**

**SECTION IV**

**APPLICATORS:**

**PRINT NAME**

**SIGNATURES**

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A) Provide a brief description of the method(s) of application to be used:

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FR-4 (REV. 5/2021)

- B) Provide a summary of practical (on-the-job) experience in flame resistant chemical application.

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- C) **Limited Applicators:** Provide photographs or catalog pictures of equipment you will be using to chemically treat trees AND provide photographs or a description of the type of shelter which will be provided to keep the trees dry both before and after applying the chemical treatment.

**EMPLOYER RESPONSIBILITY**

Every flame-retardant application concern shall be responsible for the acts of its employees or agents, in-so-far as such acts apply to the flame-retardant treatment of any fabric or material and the concern's registration certificate shall be subject to revocation for acts of said employees or agents.