CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION
AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM
APPRENTICE/TRAINEE REGISTRATION APPLICATION

SECTION I: CHECK APPLICABLE BOX

☐ $150.00   Apprentice Registration

☐ $150.00   Trainee Registration

SECTION II: GENERAL INFORMATION

Name:

Address:

City: State: Zip:

Telephone: Drivers' License Number:

Hair: Eyes: Height: Weight: DOB:

Email Address:

SECTION III: EMPLOYER INFORMATION

Name:

Address:

City: State: Zip:

Telephone: CSLB License Number:

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 and supporting documentation 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

SECTION V: PERJURY STATEMENT

Form AES 1005A
Dec 4, 2015

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I, _____, understand that false statements or misrepresentation of any information on this application will be grounds for denial of the Registration for which I am applying.

I hereby release the Office of the State Fire Marshal from any liability or damage that may result from providing the information included in this application, or as a result of participation in this program.

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

Printed Name: _____

Signature: _____ **Date:** _____

Subscribed and sworn before me the_____ day of the month of _____ the calendar year _____

_____   _____
        Signature of Notary Public   **Printed Name of Notary Public**

Complete address and contact information of Notary Public:

        SEAL OF THE NOTARY PUBLIC