



# Application for Certification FEE SCHEDULE



State Fire Training  
ATTN: Cashier  
PO Box 997446  
Sacramento, CA 95899-7446  
Website: www.fire.ca.gov

#	CERTIFICATION	Each	Total
	Chief Officer	\$ 90.00	
	EMT-I Initial Certification <span style="float:right">5921-59210-142500-22</span>	\$ 25.00	
	EMT-I Recertification <span style="float:right">5921-59210-142500-22</span>	\$ 25.00	
	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">(Scantron Application Form Required)</span>	\$ 40.00	
	Fire Fighter II <span style="float:right">(Scantron Application Form Required)</span>	\$ 40.00	
	Training Instructor <b>Completed Task Book required for application – coming soon!</b>		
	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	
	Volunteer Fire Fighter <span style="float:right">(Scantron Application Form Required)</span>	\$ 25.00	
	Duplicate Certificate <span style="float:right">(List Additional Certificates On Separate Paper)</span>	\$ 35.00	
	▪ Certificate Title:		
	▪ Date Issued:		
	Accounting Code: 5921-59210-142500-23 (except EMT)	<b>Total Submitted:</b>	

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 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: \_\_\_\_\_

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

Effective January 1, 2009

Application for certification may be made after training is completed and all requirements have been met. Please include with your application the appropriate documentation for each category below.

### APPLICATION

- An application form for certification identifying the position.

### EDUCATION (If Applicable)

- Copy of the score letter(s) ***or*** certificate(s) for each of the required accredited OSFM courses.
- Copy of the completion certificate(s) for any additional training that is required.

### PREREQUISITE (If Applicable)

- Copy of position certificate or verification of rank signed by the Fire Chief and written on department letterhead.  
Or
- Copy of college transcripts.

### EXPERIENCE and RANK (If Applicable)

- Verification of the experience and/or rank requirement in the form of a current letter signed by the Fire Chief and written on department letterhead.

### FEE

- Payment of the certificate fee. See reverse side for price list. **(FEES ARE NONREFUNDABLE.)**
- Make checks payable to CAL FIRE/State Fire Training.

### MAIL

- Send application and payment to: **CAL FIRE/STATE FIRE TRAINING**  
**ATTN: Cashier**  
**PO Box 997446**  
**Sacramento CA 95899-7446**



# Application for Course Certificates

## FEE SCHEDULE



**State Fire Training**  
**ATTN: Cashier**  
**PO Box 997446**  
**Sacramento, CA 95899-7446**  
 Website: [www.fire.ca.gov](http://www.fire.ca.gov)

#	<b>RETAKE EXAMS</b>	<b>Each</b>	<b>Total</b>
	CFSTES Course <span style="float: right;"><i>Accounting Code: 5921-59210-142500-20</i></span>	\$ 35.00	
	EMT-I Course <span style="float: right;"><i>Accounting Code: 5921-59210-142500-22</i></span>	\$ 35.00	
#	<b>DUPLICATE COURSE CERTIFICATES</b> <i>(List Additional Certificates on Separate Paper)</i>		
	CFSTES <span style="float: right;"><i>Accounting Code: 5921-59210-142500-20</i></span>	\$ 35.00	
	▪ <i>Course Title:</i>		
	▪ <i>Date Completed:</i>		
	▪ <i>Course Title:</i>		
	▪ <i>Date Completed:</i>		
	EMT-I <span style="float: right;"><i>Accounting Code: 5921-59210-142500-22</i></span>	\$ 25.00	
	▪ <i>Date Completed:</i>		
	FSTEP <span style="float: right;"><i>Accounting Code: 5921-59210-142500-21</i></span>	\$ 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>		
#	<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>	\$ 80.00	
	▪ <i>Course Title:</i>		
	▪ <i>Date Completed:</i>		
	▪ <i>Course Title:</i>		
	▪ <i>Date Completed:</i>		
#	<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>	\$ 80.00	
	▪ <i>Course Title:</i>		
	▪ <i>Course Title:</i>		
	▪ <i>Course Title:</i>		
<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: \_\_\_\_\_ Last 4 digits only SS #: \_\_\_\_\_  
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