



## PUBLIC SAFETY FIRST AID APPLICATION

Applicant Information		
Last Name:	First Name:	Middle Initial:
Mailing Address:		
City:	State:	Zip Code:

Issuance		
<b>Leave Blank if Initial Issuance</b> to be issued by Unit/Program	Unit/Program Designator	Four Digit Number

Type		
<b>1. Initial Issuance</b>		
a. PSFA Course (includes TCC, and Optional Skills)	Unit/Training Institute:	Date:
<b>2. Renewal</b>		
a. PSFA Refresher Course	Unit/Training Institute:	Date:
b. Continuing Education (CE)	Attach CE log	

ATTACHMENTS			
Copy of Cardiopulmonary Resuscitation Card	EMS Exam Skills/Competency Verification	CE Log/Course Completion Record Attached	Copy of EMS Card

Current Employer	
CAL FIRE	Unit/Program:
<input type="checkbox"/> Other(s):	

**Oath**

I certify under penalty of perjury that the information contained on this form is accurate. I understand that my signature on this application authorizes CAL FIRE to verify all information contained on this application.

Applicant Signature:	Date:
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Office use only		
<input type="checkbox"/> All mandatory documentation attached		
Certification Number (see above)	New <input type="checkbox"/> Assign from Unit database	Existing <input type="checkbox"/>
Notes:		
Signature of Unit/Program Training Officer:		Date: