



CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION Automatic
Extinguishing Systems Program
APPLICATION FOR WEEKLY FIRE PUMP TESTING CERTIFICATE

SECTION I Application is hereby made for the following:

\$80.00 fee New Application

SECTION II General Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Drivers License Number: _____

Email Address: _____

Hair: _____ Eyes: _____ Height: _____ Weight _____ DOB: _____

Have you taken the exam within the past 15 days? No Yes Date: _____

Have you ever held a Weekly Fire Pump Test Certificate? No Yes FP: _____

If so, was your Certificate denied, revoked, or suspended? No Yes

If yes, please explain:

SECTION III Employer Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Concern Number: _____

Section IV Perjury Statement

I understand that false statements or misrepresentation of any information on this application will be grounds for denial of the document for which I am applying for. I certify that all information provided herein is accurate and truthful.

Signature _____ Date _____

Section V Section

The Office of the State Fire Marshal only accepts checks and money orders as methods of payment. Please make checks/money orders payable to "CAL FIRE / OSFM" and mail with application:

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

Department use Only
ENY: _____
FUND: 0102
ACCT: 4129400
ALT ACT: 4129400011
RPT STR: 35405906
SVC LOC: 59422

Please contact the Assistant Program Coordinator with questions. (916) 568-3800