



**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

- ☐ \$170.00 Apprentice Registration
- ☐ \$170.00 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**

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



**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 V: PERJURY STATEMENT

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:** _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature _____



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

Instructions for Completing the Apprentice/Trainee Registration Application (Form AES 1005A)

| Section | Instruction |
|---|--|
| I. Check Applicable Box | |
| Check the box to indicate if the application is for an apprentice registration OR a trainee registration. (Only check one) | |
| II. General Information | |
| Name | Enter the full name of the applicant. |
| Address | Enter the mailing address of the applicant. |
| City | Enter the city of the applicant's address. Do not abbreviate. |
| State | Enter the state of the applicant's address. |
| Zip | Enter the zip code of the applicant's address. |
| Telephone | Enter the complete telephone number of the applicant. |
| Driver License Number | Enter the complete CA driver license or CA identification card of the applicant. |
| Hair | Enter the hair color of the applicant. |
| Eyes | Enter the eye color of the applicant. |
| Height | Enter the height of the applicant. |
| Weight | Enter the weight of the applicant. |
| Date of Birth | Enter the complete date of birth of the applicant. |
| Email Address | Enter the complete email address of the applicant. |
| III. Employer Information | |
| Name | Enter the name of the applicant's employer. |
| Address | Enter the complete business address of the applicant's employer. |
| City | Enter the city of the applicant's employer's address. |
| State | Enter the state of the applicant's employer's address. |
| Zip | Enter the zip code of the applicant's employer's address. |
| Telephone | Enter the complete telephone number of the applicant's employer. |
| CSLB License Number | Enter the CSLB license number of the applicant's employer. |
| V. Perjury Statement | |
| Name | Print the full name of the applicant. |
| Printed Name | Print the full name of the applicant. |
| Signature | Signature of the applicant. |



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

| | |
|--------|--|
| Date | Enter the date the applicant signed this form. |
| Notary | This portion will be completed by the Notary Public. Leave this portion blank. |

Notary: The application must be notarized by a notary public.

Photo: Please include a 2 x 2 inches (passport size) color photo with the application. Failure to include a photo may delay the issuance of a registration card.

Supporting Documentation: Apprentice applicants must provide proof of acceptance into a California or Federally-approved Fire Sprinkler Apprenticeship Program. Trainee applicants must provide proof of employment with a CSLB C-16 licensed company.

Where to file: The completed form along with the applicable fees and supporting documentation can be mailed to **CAL FIRE – Office of the State Fire Marshal, Cashiers Unit/AES Program, P.O. Box 997446, Sacramento, CA 95899-7446.**