



**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**

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



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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 _____



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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.



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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.**