



**CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION
AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM
SPRINKLER FITTER COMMERCIAL and MULTI-FAMILY RESIDENTIAL
CONTINUING EDUCATION UNIT COURSE REGISTRATION APPLICATION**

PREFACE A: PREPARATION

This application form is used to establish the Office of State Fire Marshal (OSFM), Registration and Listing Provider Directory of those who want to deliver Continuing Education Unit Courses of Instruction for the Certified Sprinkler Fitter Program as referenced in Title 19, California Code of Regulations, §946.1. It is intended that this process will be straightforward and the applicants will be advised of the status of their application in writing by the OSFM. Applicants seeking registration and listing as providers in all other areas shall complete this application.

PART I: APPLICANT INFORMATION

A. Authorized Representative's Name and Title:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

NAME: _____ TITLE: _____

B. CEU Provider Organization's Name and Address: (please enter the **entire physical address of the organization** as it will appear on your Scope of CEU and the OSFM website).

ORGANIZATION NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

C. CEU Provider Organization's Mailing Address (if different from the CEU Provider's physical address).

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

D. CEU Provider Organization's Contact Person (if the address is different from the Provider's physical address. Ensure the Contact Person's **entire physical address is provided**).

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

TELEPHONE NUMBER: () _____ CELL NUMBER: () _____

EMAIL ADDRESS: _____



**CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION
AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM
SPRINKLER FITTER COMMERCIAL and MULTI-FAMILY RESIDENTIAL
CONTINUING EDUCATION UNIT COURSE REGISTRATION APPLICATION**

PART II: CEU SCOPE

Please indicate all courses for which approval is being sought. (If additional space is needed you may attach a continuation page).

Topic Name (Include test method if relevant)	Continuing Education Units	Frequency of Program	Detailed Description of Course:

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Representative (Part I, A):

Date:

--	--



**CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION
AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM
SPRINKLER FITTER COMMERCIAL and MULTI-FAMILY RESIDENTIAL
CONTINUING EDUCATION UNIT COURSE REGISTRATION APPLICATION**

PART III: SUBMISSION

☐ \$170.00(per course) OSFM Continuing Education Unit Registration

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 to:

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

For Departmental Use Only
PCA 59422
Index 5942
Source Code 125700-11

Initial Application Fee for CEU Providers:

This fee is non-refundable. Registration is valid for three years, at which time a new application must be submitted.