



APPLICATION FOR REPLACEMENT CERTIFICATE OF REGISTRATION CARD

Personal Information Notice

Pursuant to the [Federal Privacy Act \(P.L. 93-579\)](#) and the [Information Practices Act of 1977 \(Civil Code Sections 1798, et seq.\)](#), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under [Article 6 of the Information Practice Act of 1977 \(Civil Code Section 1798.24\)](#). Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries to calfire.cpo@fire.ca.gov.

SECTION I Application is hereby made for the following:

*All fields below are required and must be completed. We cannot process application without complete information.

<input type="checkbox"/>	Fee \$92.50	Program Fire Extinguishers	Certificate of Registration EE Number: _____
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Item Needed: Card Only Sticker Only Both Card & Sticker

SECTION II Certificate of Registration Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Drivers License Number: _____
 Email: _____
 Hair: _____ Eyes: _____ Height: _____ Weight _____ DOB: _____

SECTION III Company License Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ License Number: _____



STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY
 DEPARTMENT OF FORESTRY AND FIRE PROTECTION
 OFFICE OF THE CALIFORNIA STATE FIRE MARSHAL
 FIRE ENGINEERING & INVESTIGATIONS DIVISION
 PORTABLE FIRE EXTINGUISHER PROGRAM
APPLICATION FOR REPLACEMENT CERTIFICATE OF REGISTRATION CARD
 FE-4 (REV. 10/2021)

Per Title 19, CCR Section 595.5, A written statement describing the reasons for the duplicate issuance shall be submitted by the registrant before duplicates will be issued. The statement shall explain fully the reason for the destruction of the Certificate of Registration Card.

SECTION IV Certification 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. I certify that all information provided herein is accurate and truthful.

Signature _____ Date _____

SECTION V Submission

Please make checks/money orders payable to CAL FIRE / OSFM and mail with application to:

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

**For Departmental Use
 Only**

_____ -0102-4129400-
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Please contact the Assistant Program Coordinator with questions. FE@fire.ca.gov