

## STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY DEPARTMENT OF FORESTRY AND FIRE PROTECTION OFFICE OF THE STATE FIRE MARSHAL – STATE FIRE TRAINING

## **Course Reciprocity Application (Formerly PACE 3)**

(REV. 1/21)

# SFT Course Name  1 2 3 4 5			
SFT ID Number: (Leave blank if you do not have a SFT ID)  Phone (Mobile): Email:  Course Reciprocity  # SFT Course Name 1 2 3 4	Identificat	ion	
Phone (Mobile): Email:  Course Reciprocity  # SFT Course Name 1 2 3 4 5	Full Name:		
Email:  Course Reciprocity  # SFT Course Name  1 2 3 4 5	SFT ID Num	hber: (Leave blank if you do not have a SFT ID)	
Course Reciprocity  # SFT Course Name  1 2 3 4 5	Phone (Mo	bile):	
# SFT Course Name  1 2 3 4 5	Email:		
# SFT Course Name  1 2 3 4 5	Course Reciprocity		
1 2 3 4 5 5 5 5 5 5 5 5 6 7 7 7 7 7 7 7 7 7 7 7			
3 4 5	1		
5	2		
5	3		
	4		
Submission Requirements	5		
	Submissio	n Requirements	
Submit documentation to verify completion of the following requirements. You do not need to submit verification for any diplomas issued by State Fire Training (SFT) already documented in your SFT User Portal.			
<ul> <li>Supporting Documentation</li> <li>Justification letter</li> <li>Course materials that demonstrate course content and learning objective</li> <li>Course completion verification (Non SFT Course)</li> <li>Fees</li> <li>\$200 non-refundable Course Reciprocity fee (per course) - payable to: State Fire Training</li> </ul>			
Authority	Authority		
I, the undersigned, am the person applying for course reciprocity. I hereby certify under penalty of perjury under the laws of the State of California, that all information contained in this application is true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause for rejection.			
Applicant Signature: Date:			

(CAL FIRE Account Code: 0198-XXXX-4143500-4143500009-35405902-59210)