



Application for Certification FEE SCHEDULE



State Fire Training
ATTN: Cashier
PO Box 997446
Sacramento, CA 95899-7446
Website: <http://sft.fire.ca.gov>

| # | CERTIFICATION | Each | Total |
|---|--|-------------------------|-------|
| | Chief Officer | \$ 90.00 | |
| | Fire Apparatus Driver/Operator I | \$ 65.00 | |
| | Fire Chief [] #1 Receive Application \$50 [] #2 Submit Application \$200 [] #3 Pace IV Review \$250 | | |
| | Fire Fighter I <i>(Scantron Application Form Required)</i> | \$ 40.00 | |
| | Fire Fighter II <i>(Scantron Application Form Required)</i> | \$ 40.00 | |
| | Fire Instructor II | \$ 65.00 | |
| | Fire Instructor III | \$ 65.00 | |
| | Fire Investigator I | \$ 65.00 | |
| | Fire Investigator II | \$ 65.00 | |
| | Fire Marshal | \$ 65.00 | |
| | Fire Mechanic I | \$ 65.00 | |
| | Fire Mechanic II | \$ 65.00 | |
| | Fire Mechanic III (Master Mechanic) | \$ 65.00 | |
| | Fire Mechanic Recertification | \$ 60.00 | |
| | Fire Officer | \$ 65.00 | |
| | Fire Prevention Officer | \$ 65.00 | |
| | Fire Protection Specialist | \$ 65.00 | |
| | Hazardous Materials Technician | \$ 65.00 | |
| | Hazardous Materials Specialist | \$ 65.00 | |
| | Plans Examiner | \$ 65.00 | |
| | Public Education Officer I | \$ 65.00 | |
| | Training Instructor <i>(Completed Task Book Required; Payment Due at the Time of the Capstone Test)</i> | \$ 65.00 | |
| | Volunteer Fire Fighter <i>(Scantron Application Form Required)</i> | \$ 25.00 | |
| | Duplicate Fire Fighter Certificate <i>(List Additional Certificates On Separate Paper)</i> | \$ 35.00 | |
| | ▪ Certificate Title: | | |
| | ▪ Date Issued: | | |
| | Accounting Code: 5921-59210-142500-23 | Total Submitted: | |

I, the undersigned, am the person applying for certification. I hereby certify under penalty of perjury under the laws of the State of California, that all statements made therein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause for rejection.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICATION MUST BE SIGNED AND ATTACHED WITH PAYMENT *** FEES ARE NONREFUNDABLE ***

Full Name: _____ Date: _____
 Department: _____ Last 4 digits only SS #: _____
 Mailing Address: _____
 City/State/Zip: _____
 Department Phone: _____ Home Phone: _____

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

Effective June 1, 2010



Application for Course Certificates FEE SCHEDULE



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| # | RETAKES EXAMS | Each | Total |
|---|---|----------|-------|
| | Capstone Test <i>Accounting Code: 5921-59210-142500-20</i> | \$ 35.00 | |
| | CFSTES Course <i>Accounting Code: 5921-59210-142500-20</i> | \$ 35.00 | |
| # | DUPLICATE COURSE CERTIFICATES <i>(List Additional Certificates on Separate Paper)</i> | | |
| | CFSTES <i>Accounting Code: 5921-59210-142500-20</i> | \$ 35.00 | |
| | ▪ <i>Course Title:</i> | | |
| | ▪ <i>Date Completed:</i> | | |
| | ▪ <i>Course Title:</i> | | |
| | ▪ <i>Date Completed:</i> | | |
| | FSTEP <i>Accounting Code: 5921-59210-142500-21</i> | \$ 20.00 | |
| | ▪ <i>Course Title:</i> | | |
| | ▪ <i>Date Completed:</i> | | |
| | ▪ <i>Include a copy of the course roster from the instructor with your name listed.</i> | | |
| # | COURSE EQUIVALENCIES <i>(List Additional Certificates on Separate Paper)</i> | | |
| | Course Equivalency Certificate <i>Accounting Code: 5921-59210-142500-20</i> | \$ 80.00 | |
| | ▪ <i>Course Title:</i> | | |
| | ▪ <i>Date Completed:</i> | | |
| | ▪ <i>Course Title:</i> | | |
| | ▪ <i>Date Completed:</i> | | |
| # | PACE III REVIEW <i>(List Additional Certificates on Separate Paper)</i> | | |
| | PACE III REVIEW <i>Accounting Code: 5921-59210-142500-23</i> | \$ 80.00 | |
| | ▪ <i>Course Title:</i> | | |
| | ▪ <i>Course Title:</i> | | |
| | ▪ <i>Course Title:</i> | | |
| REGIONAL/LOCAL ACADEMY ACCREDITATION/REACCREDITATION | | | |
| | Application Processing <i>Accounting Code: 5921-59210-142500-11</i> | \$500.00 | |
| | Accreditation Site Review Team Costs <i>(not to exceed \$2,000.00)</i> | | |
| TOTAL SUBMITTED: | | | |

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APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICATION MUST BE SIGNED AND ATTACHED WITH PAYMENT * FEES ARE NONREFUNDABLE *

Full Name: _____ Date: _____
Department: _____ Last 4 digits only SS #: _____
Mailing Address: _____
City/State/Zip: _____
Department Phone: _____ Home Phone: _____