



CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION
Automatic Extinguishing Systems Program

APPLICATION FOR WEEKLY FIRE PUMP TEST CERTIFICATE

Please complete the following:

Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

Drivers License #: _____ Telephone : () _____

DOB: ___/___/___ Hair: _____ Eyes: _____ Hgt: _____ Weight: _____

Have you taken the exam within the past 15 days? No Yes: Date ___/___/___

Have you ever had a Weekly Fire Pump Test Certificate before? No Yes: FP# _____

If so, was your Weekly Fire Pump Test Certificate ever denied, revoked, or suspended? No Yes
If yes, explain: _____

Please provide the following information regarding your employer:

Company: _____ Concern # _____

Address: _____ Tel: () _____

City: _____ State: _____ Zip: _____

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 hereon is accurate and truthful.

(Signature)

___/___/___
(Date)

Return this form and \$80.00 fee to:
CAL FIRE/Office of the State Fire Marshal
Cashier Unit/Automatic Extinguishing System Program
PO Box 997446
Sacramento, CA 95899-7446
(916) 445-8376

PCA 59422
Index 5942
Source Code 125700-11

FOR OFFICIAL USE ONLY

ROC# _____ DATE OF NOE: ___/___/___ PROCTOR: _____

Certification #: _____ DATE PASSED: ___/___/___