

CAL FIRE/STATE FIRE MARSHAL - FIRE ENGINEERING
Attn: Cashier - Fire Engineering
PO BOX 997446
Sacramento, CA 95899-7446

APPLICATION FOR DUPLICATE

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip code: _____

<u>Program</u>	<u>Fee</u>	<u>License #</u>	<u>PCA</u>	<u>Office Use Only</u>		
				<u>Index</u>	<u>Source Code</u>	<u>Roc #</u>
<input type="checkbox"/> Fire Extinguisher	\$ 27.50	_____	59421			
<input checked="" type="checkbox"/> Fireworks	\$ 25.00	_____	59420	<u>5942</u>	<u>125700-11</u>	
<input type="checkbox"/> Flame Retardant		_____	59425			
<input type="checkbox"/> BML		_____	59424			

Lost Stolen Duplicate Name Change

Previous Name: _____

Phone # () _____

***Please provide copy of Drivers License**

***Please send 2x2 inch picture**

APPLICATION FORM MUST BE ATTACHED WITH PAYMENT

Send Check or Money Order with Application Form to CAL FIRE/SFM Fire Engineering
Attn: Cashier - Fire Engineering
P.O. Box 997446
Sacramento, CA 95899-7446

Make checks payable to: CDF

Please allow 4-6 weeks for Processing