



DEPARTMENT OF FORESTRY AND FIRE PROTECTION

P.O. Box 944246
SACRAMENTO, CA 94244-2460
Website: www.fire.ca.gov



To Whom It May Concern:

I certify that _____ has completed all requirements necessary to receive either a California State Fire Marshal Volunteer Fire Fighter Certification and/or a California State Fire Marshal Fire Fighter I Certification.

Name

Title
(Must be Fire Captain level or above ONLY)

Name of Fire Department

Telephone Number
(Include area code)

Signature

Date

NOTE: Temporary Authorization Appointment candidates must attach this letter to their Employment and/or Examination Application (STD. 678) and return to the appropriate contact as described in the job announcement.