



CFFJAC CPAT REGISTRATION



Please send the completed registration form and the appropriate fees to:
California Fire Fighter Joint Apprenticeship Committee
1780 Creekside Oaks Drive, Suite 201
Sacramento, CA 95833

For more information, please see www.CPATonline.org, send an email to CPAT@CPF.org or call toll free at (877) 648-2728.

CANDIDATE INFORMATION: (please print)

Name: _____
Last First

Email: _____

Phone: () _____ Driver's License No: _____

Address: _____
Street City State Zip

Date of Birth: _____ Ethnicity: _____ Gender: _____
Month / Day / Year (Optional)

Select Testing Center:

- Sacramento (1329 N. Market Blvd, #100, Sacramento CA 95834)
 Orange City (626 N. Eckhoff St., Orange, CA 92868)
 Livermore (526 Commerce Way, Livermore, CA 94551)

Select desired dates (for current SCHEDULE visit www.cpatonline.org):

Orientation Dates*

_____ First Second

Timed Practice Run Dates*
\$25.00 each

_____ First Second

Test Date _____

**The international standards of the Candidate Physical Ability Test pre-test program requires that CFFJAC ensure that all candidates have the opportunity to attend at least two (2) orientation sessions within 8 weeks of taking the CPAT. Additionally, the pre-test program offers each candidate the opportunity to perform two (2) timed practice runs within 30 days prior to the CPAT.*

A candidate may take the Candidate Physical Ability Test without participating in the complete CPAT Pre-Test Program. However, in order to do so, a waiver form must be completed and signed. The waiver will be provided to you upon check-in and must be signed before you are allowed to test.

CPAT Fee (check box that applies):

- Orientation and Test (includes two orientations) \$150.00
 Timed practice runs - \$25 each (two recommended) _____

Total Test fee and timed practice runs _____

Your application will be processed once payment is received. You may pay by check, money order (payable to "CFFJAC") or credit card. A confirmation will be sent via phone call, mail or e-mail.

For information about financial assistance please visit the California Fire Foundation at www.cafirefoundation.org.

Payment Enclosed:

- Check Money Order MasterCard Visa

Name on Card: _____

Card Number: _____

Expiration Date: _____

Billing Address on Card: _____

Authorized Signature: _____

Candidate agrees to the following terms:

All fees are non-refundable ♦ A \$50.00 fee will be charged for rescheduling requests made less than 2 business days prior to a scheduled event ♦ We DO NOT accept reschedule requests on date of event ♦ Failure to attend your scheduled event will result in a forfeiture of fees ♦ Unless arrangements have been made, prepaid events that are not scheduled and completed within 24 months of the original payment date will be cancelled and all fees forfeited.

Candidate Signature: _____ Date: _____

* Grants are available for individuals with a financial hardship, or if you are the child of a firefighter who died in the line of duty or from an occupationally related illness.