

California Fire Fighter Joint Apprenticeship Committee



Local Course Request

Use this form to register your course with the CFFJAC. All needed materials can be ordered on this form. Please be sure to place orders at least two weeks prior to the class date.

Department: _____

Shipping Address: _____

Course Instructor: _____

Department Contact: _____

Contact Phone #: _____

Email: _____

Date Classes Will Be Held: _____

Number of Students: _____

To register this course with the CFFJAC, complete the information above and fax, email or mail to the CFFJAC.

CFFJAC/TCM
1780 Creekside Oaks, Suite 201
Sacramento, CA 95833
Fax (916) 922-0972
CFFJAC@cpf.org

If you have questions, please call (916) 648-1717.

This form must be received and approved to receive course material and Reimbursement Request forms.

