



**CALIFORNIA FIREFIGHTER  
JOINT APPRENTICESHIP COMMITTEE**

1780 Creekside Oaks Drive, Sacramento, CA 95833

**Request for Apprenticeship Agreement(s)**

Submitted by: _____	Date: _____
Title: _____	Email: _____
Fire Dept. Name: _____	Phone Number: _____

Apprentice Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Apprentice Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Apprentice Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Apprentice Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
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Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_ DOB: \_\_\_\_\_

You may send this by FAX to: (916) 922-0972 or email to [CALJAC@cpf.org](mailto:CALJAC@cpf.org).  
This form is available on the Cal-JAC website, [CALJAC.org](http://CALJAC.org)