



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: _____

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You may send this by FAX to: (916) 922-0972 or email to CFFJAC@cpf.org.
This form is available on the Cal-JAC website, www.CFFJAC.org