

**C**alifornia **C**onference of **A**rson **I**nvestigators  
**A**pplication **M**aster **C**ertified **F**ire **I**nvestigator



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description: Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

			Office Use
CCAI Member Number			
CCAI Renewal Date			
Original CCAI CFI Certification Date			
References to attest form 750_00-006-M	Attached?	Yes or No	

I certify that the information provided herein is true and correct.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Signature		Date		
<b>Office Use Only</b>				
M-Certification No.: _____	Date Certified: _____			
Approved By: _____				
Signature Education Committee Chairperson			Date	
<b>California Conference of Arson Investigators</b> 1279 North White Avenue Pomona, CA 91768 Office: (909) 865-5004 Fax: (909) 865-5024		<b>Payment Info</b>		
		Date Paid	Amount Paid	Check No.
Credit Card #			Exp:	CVV:
Name on Card:				