



Application **C**ertified **F**ire **I**nvestigator

Name: _____ **D.O.B.:** _____
Employment: _____ **Work Phone:** _____
Address: _____ **Cell Phone:** _____
City: _____ **State:** _____ **Zip** _____
Email: _____
Description: **Eyes:** _____ **Hair:** _____ **Height:** _____ **Weight:** _____ **Sex:** _____

| Training (Must total 160 Hours) | Sponsored By Recognized training body and verifiable | Date | Office Use |
|---|--|-------------|---------------------|
| CCAI Member | Join date: | Paid thru: | Not Required |
| Fire Investigation 1A Recommended but not required | | | |
| Fire Investigation 1B Recommended but not required | | | |
| Fire Investigation 1C Recommended but not required | | | |
| 75 Fire investigated for origin | CCAI Form #00-006 | | |
| 75 fires investigated for cause | CCAI Form #00-006 | | |
| 11 listed CFITrainer.net modules | | | |
| Training – other | | | |
| Training – other | | | |
| Expert Witness Courtroom Testimony Class | | | |

Non-refundable Fee: - \$250.00 Member - \$500.00 Non-Member

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

| | |
|---|-----------------------|
| Applicant's Signature | Date |
| Office Use Only | |
| Certification No.: _____ | Date Certified: _____ |
| Valid through: _____ | |
| Approved By: _____ | Date |
| Signature Education Committee Chairperson | |

| | | | | |
|--|---------------------|-------------|-----------|-----------|
| California Conference of Arson Investigators 1279 North White Avenue Pomona, CA 91768 Office: (909) 865-5004 Fax: (909) 865-5024 ccaihq@arson.org | Payment Info | | | |
| | Date Paid | Amount Paid | Check No. | Auth: No. |
| | | | | |

| | | | |
|---------------|--|------|------|
| Credit Card # | | Exp: | CVV: |
| Name on Card: | | | |