



California Conference Of Arson Investigators

1279 North White Avenue
Pomona, California 91768-1930

Building on Excellence

Applicant: _____

The following person(s) has/have personal or professional knowledge of my qualifications as to the number of fire investigations I have conducted and my position at the time they were conducted. I understand that the committee may check with one or all of the individuals listed in order to verify the information submitted.

The applicant needs to verify 750 fires for ORIGIN and 750 fires for CAUSE that were investigated, so it may be verified, in most cases, by one individual.

NAME: _____

Title/Position: _____

Address: _____

Phone Number: _____

Email (optional): _____

NAME: _____

Title/Position: _____

Address: _____

Phone Number: _____

Email (optional): _____

NAME: _____

Title/Position: _____

Address: _____

Phone Number: _____

Email (optional): _____