

CSTI Training Certification Card
Form “for a class”

CSTI Course #: _____ Todays Date: _____
Course Title: _____
Course Date(s): _____
Instructor’s Name: _____
Instructor’s Cert. #: _____
Location of Course: _____

Name of person requesting card(s):

Please Print in Ink

Your Phone No: _____
Mailing Address: _____

Mail Order Form along with check made payable to State of California, OES to:

Camp San Luis Obispo, ATTN: CSTI/Cal EMA- Susan Kocher, Bldg. 904, 10 Sonoma Ave., San Luis Obispo, CA 93405-7605.

**Send e-mail: Susan.Kocher@calema.ca.gov
Questions: (805) 549-3534**

Processing Fee Schedule: **Include your LOCAL SALES TAX**

\$5 X Number passing students + Your local Sales Tax. **List info. below:**

City: _____ **/County** _____ **Local Sales Tax %** _____

Number of Cards _____ **x \$5.00= \$** _____ **+ Sales Tax \$** _____ **=**

Total Amount Enclosed: \$ _____ **Check #:** _____

***This price applies only if ordered at the time the class is taught. Orders will be accepted through CSTI Certified Instructors only. Send only one check per class. Card Processing Fee listed above is in addition to certificate processing fees.**

