

**CSTI Training Certification Card
Form for "Individuals"**

CSTI Course # : _____ Today's Date _____
Course Title: _____
Course Date(s): _____
Instructor's Name : _____
Location of Course: _____

Name of person requesting card(s):

Please Print in Ink

Your Phone Number: _____

Mailing Address: _____

A \$10.00 processing fee is charged for each card. Mail Order Form along with a
check made payable to Cal EMA to:

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

**Include your
LOCAL SALES TAX**

Susan.Kocher@calema.ca.gov.

Questions: 805/549-3534.

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

Number of Cards ___ x **\$10.00** = \$ _____ + **Sales Tax** \$ _____ =

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

(If possible, please attach a copy of your CSTI Certificate.)