

State Certified "Instructor Card" Form

Today's Date: _____

Name: _____

Please Print in Ink

Instructor's Cert. #: _____

Your Phone No: _____

Mailing Address: _____

Courses you are certified to teach: _____

* There is a \$10.00 per card processing fee. Mail Order Form along with **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 #: _____

***This card will verify the courses you are certified to instruct.**

Each time you upgrade your instructors status, i.e., FRO, IC, FRO Decon., etc. and wish to have a new card, you must resubmit this order form and pay the \$10.00 fee.