

CFFJAC CPAT REGISTRATION

Please send the completed registration form and the appropriate fees to: California Fire Fighter Joint Apprenticeship Committee 1780 Creekside Oaks Drive, Suite 201 Sacramento, CA 95833



For more information, please see <u>www.cpatonline.org</u>, send an email to CPAT@CPF.org or call toll free at (877) 648-2728.

CANDIDATE INFORMATION: (please print)

	Name:	Last		First			
	Email:						
	Phone:	_()	Driver's License No:				
	Address:	Street	City	State	Zip		
	Date of Birth	Eth Month / Day/ Year	nnicity: (Optional)	Gender:			
Sele	ect Testing Center		Select desired dates (for current SCHEDULE visit <u>www.cpatonline.org</u>):				
	Southern Califor	nia (626 N. Eckhoff St., Orange, CA 92868)	Orientation Dates*	First	Second		
	Northern Califor	nia (6723 Sierra Ct, Ste G, Dublin, CA 94568)	Timed Practice Run Dates*	First	Second		

Test Date

*The international standards of the Candidate Physical Ability Test pre-test program requires that CFFJAC ensure that all candidates have the opportunity to attend at least two (2) orientation sessions within 8 weeks of taking the CPAT. Additionally, the pre-test program offers each candidate the opportunity to perform two (2) timed practice runs within 30 days prior to the CPAT.

A candidate may take the Candidate Physical Ability Test without participating in the complete CPAT Pre-Test Program. However, in order to do so, a waiver form must be completed and signed. The waiver will be provided to you upon check-in and must be signed before you are allowed to test.

CPAT Fee (check box that applies):			Payment Enclosed:				
	Orientation and Test	\$150.00	Check	Money Order	□ MasterCard	🗖 Visa	
	(includes two orientations)		Name on Ca	rd:			
	Timed practice runs - \$25 each (two recommended)		Card Numbe	r:			
Total Test fee and timed practice runs			Expiration Date:				
Your application will be processed once payment is received. You may pay by check, money order (payable to "CFFJAC") or credit card. A confirmation will be sent via phone call, mail or e-mail.			Billing Address on Card:				
For information about financial assistance please contact the California Fire Foundation at (800) 890-3213.			Authorized S	ignature:			

Candidate agrees to the following terms:

Failure to attend events within 24 months of the original payment date, or failure to attend an event or "no shows" **will not be granted refunds**. A \$25.00 fee will be charged for rescheduling requests made less than 2 business days prior to a scheduled event.

Candidate Signature:

Date:

Grants are available for individuals with a financial hardship, or if you are the child of a firefighter who died in the line of duty or from an occupationally related illness.