



**1020 Suncast Lane, Suite 102  
El Dorado Hills, CA 95762  
Ph: 916- 939-5000 Fax: 916 939-0395  
Tax ID# 94-1730807**

## **DFCA APPLICATION FORM**

To start the DFCA exam process. Complete the following information below, once the form has been submitted, you will receive an invoice and instructions on how to make payment, exam fee is \$350.00. Once payment has been confirmed, a paid confirmation will be emailed along with instruction on how to complete your background check.

Will you be taking your exam at your local college testing center? YES\_\_\_ NO\_\_\_

Will you be using our proctored exam host? (fees are paid by the examiner) YES\_\_\_ NO\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Submit this form to [edu@dfcb.org](mailto:edu@dfcb.org) or fax to 916-939-0395

For any additional questions please email [edu@dfcb.org](mailto:edu@dfcb.org) or [Kim@iafci.org](mailto:Kim@iafci.org)

Thank You!

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