

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

FIRE GROUND LEADER

Application for Certification
(Revised 07/08)

DPSST Office Use Only

LEDS Check: OK

Levels: _____

Date: _____

Reviewer Initials: _____

Name: _____ **DPSST Fire #:** _____
Last First MI

Applicant's Fire Agency: _____ **Date of Birth:** _____

TRAINING: In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course(s) and number(s), or the fire agency where training was completed. For all out-of-state college/university courses, provide course descriptions for evaluation. In the "Date" column record the date the training was completed. **Failure to complete this application in its entirety, including appropriate documentation of coursework and/or signatures, may result in the application being returned.**

FIRE GROUND LEADER	TRAINING COMPLETED	DATE
Fire Resistive Building Construction (non-combustible)		
Ordinary Building Construction (combustible)		
Incident Safety Officer or Fire Fighter Safety & Survival		
Managing Water Supply Operations		
Strategy & Tactics I – MCTO-P		
Strategy & Tactics II – MCTO-D		
Strategy & Tactics III – MCTO-T or STICO		
Incident Command System		
Fire Investigation		

- **Is Applicant certified as NFPA Fire Fighter II?** Yes No
- **Has Applicant completed the Fire Ground Leader Task Book?** Yes No

ATTEST: The information contained in this application is true and correct to the best of my knowledge. I understand that a false or misleading statement on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and may be cause to deny or revoke a fire service professional certification.

Signature of Applicant Date

Signature of Agency Head or Designee Printed name of Agency Head or Designee Date