

Department of Public Safety
Standards and Training
Fire Standards and Certification
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Salem, OR 97317
Phone: 503-378-2100
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NFPA AIRPORT FIRE FIGHTER

NFPA Standard No. 1003, Edition of 2005
Application for Certification
(Revised 07/08)

DPSST Office Use Only

LEDS Check: OK

Levels: _____

Date: _____

Reviewer Initials: _____

Name: _____ Last First MI DPSST Fire #: _____
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) number(s), or the fire agency where training was completed. **PROVIDE COPIES OF ALL DOCUMENTATION AS PROOF OF COURSE COMPLETION IF IT IS NOT REFLECTED IN SNAPSHOT.** 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 providing appropriate documentation of coursework and/or signatures, will result in the application being returned.**

NFPA AIRPORT FIRE FIGHTER		TRAINING COMPLETED	DATE
6-1	General Requirements		
6-2	Response		
6-3	Fire Suppression		
6-4	Rescue		

- Is applicant certified as an NFPA Fire Fighter I? Yes No
- Has applicant completed training for HazMat Operations? Yes No
- Has applicant completed a Task Book for Airport Fire Fighter? Yes No

OR the DATE Applicant completed Task Performance Evaluations: _____

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