

Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
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NFPA FIRE FIGHTER
NFPA Standard No. 1001, Edition of 2002
Application for Certification
(Revised 07/08)

DPSST Office Use Only LEDS Check: <input type="checkbox"/> OK Levels: _____ _____ Date: _____ Reviewer Initials: _____
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Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First MI </div> Applicant's Fire Agency: _____	DPSST Fire #: _____ Date of Birth: _____
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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.**

NFPA FIRE FIGHTER I	TRAINING COMPLETED	DATE
Fire Department Orientation		
Safety		
Fire Behavior		
PPE/SCBA		
Search & Rescue		
Ladders		
Fire Extinguishers		
Salvage & Overhaul		
Water Supply		
Hose		
Fire Streams		
Communications		
Ventilation		
Sprinklers		
Fire Control		
Building Construction		
Forcible Entry		
Ropes & Knots		
Fire Prevention/Public Ed		

- Is Applicant's CPR Card and First Aid Card current? Yes No
- Has Applicant completed Hazardous Materials Awareness? Yes No
- Has Applicant completed the Fire Fighter I Task Book? Yes No
OR--The date Applicant completed the Task Performance Evaluation: _____
- Does Applicant have 6-months of experience prior to applying for certification? Yes No

NFPA FIRE FIGHTER II	TRAINING COMPLETED	DATE
Implementing IMS		
Construction Materials & Building Collapse		
Rescue & Extrication Tools		
Vehicle Extrication & Special Rescue		
Hydrant Flow & Operability		
Hose Tools & Appliances		
Radio Communication & Incident Reports		
Fire Detection, Alarm & Suppression Systems		
Foam Fire Streams		
Ignitable Liquid & Flammable Gas Control		
Fire Cause & Origin		
Pre-Incident Survey		

- Is Applicant certified as NFPA Fire Fighter I? Yes No
- Has Applicant completed Hazardous Materials Operations? Yes No
- Has Applicant completed the Fire Fighter II Task Book? Yes No
OR--The date Applicant completed the Task Performance Evaluation: _____
- Does Applicant have one-year of experience prior to applying for certification? 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