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

NFPA FIRE INSTRUCTOR

NFPA Standard No. 1041, Edition of 1996
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.**

NFPA FIRE INSTRUCTOR I		TRAINING COMPLETED	DATE
2-2	Program Management		
2-3	Instructional Development		
2-4	Instructional Delivery		
2-5	Evaluation and Testing		

- Has Applicant completed the Fire Instructor I Task Book? ☐ Yes ☐ No

NFPA FIRE INSTRUCTOR II		TRAINING COMPLETED	DATE
3-2	Program Management		
3-3	Instructional Development		
3-4	Instructional Delivery		
3-5	Evaluation and Testing		

- Is Applicant certified as NFPA Fire Instructor I? ☐ Yes ☐ No
- Has Applicant completed the Fire Instructor II Task Book? ☐ Yes ☐ No

NFPA FIRE INSTRUCTOR III		TRAINING COMPLETED	DATE
4-2	Program Management		
4-3	Instructional Development		
4-4	Instructional Delivery		
4-5	Evaluation and Testing		

- Is Applicant certified as NFPA Fire Instructor II? ☐ 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