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 RESCUE TECHNICIAN

NFPA Standard No. 1006, Edition of 2000
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), of the training completed. In the "Date" column record the date the training was completed. **Documentation of training as a Rescue Technician in each specialty area must be included with this application. Only DPSST certified courses will be accepted. Only a certified Rescue Technician in that specialty area may sign off the Task Book. Include a copy of the Task Book Signature Page. Do not send the entire Task Book. Requirements for Chapters 2 and 3 at the beginning of each Task Book need to be met only one time.** Failure to complete this application in its entirety, including appropriate documentation of coursework and/or signatures, may result in the application being returned.

NFPA ROPE RESCUE	TRAINING COMPLETED (Must include documentation)	DATE
Chapter 4		

- **Has Applicant completed the Rope Rescue Task Book?** ☐ **Yes** ☐ **No (Include a copy of the Signature Page.)**

NFPA SURFACE WATER RESCUE	TRAINING COMPLETED (Must include documentation)	DATE
Chapter 5		

- **Has Applicant completed the Surface Water Rescue Task Book?** ☐ **Yes** ☐ **No (Include a copy of the Signature Page.)**

NFPA VEHICLE & MACHINERY RESCUE	TRAINING COMPLETED (Must include documentation)	DATE
Chapter 6		

- **Has Applicant completed the Vehicle & Machinery Rescue Task Book?** ☐ **Yes** ☐ **No (Include a copy of the Signature Page.)**

NFPA CONFINED SPACE RESCUE	TRAINING COMPLETED (Must include documentation)	DATE
Chapter 7		

- **Has Applicant completed the Confined Space Rescue Task Book?** ☐ **Yes** ☐ **No (Include a copy of the Signature Page.)**

NFPA STRUCTURAL COLLAPSE RESCUE	TRAINING COMPLETED (Must include documentation)	DATE
Chapter 8		

- **Has Applicant completed the Structural Collapse Rescue Task Book?** ☐ **Yes** ☐ **No (Include a copy of the Signature Page.)**

NFPA TRENCH RESCUE	TRAINING COMPLETED (Must include documentation)	DATE
Chapter 9		

- **Has Applicant completed the Trench Rescue Task Book?** ☐ **Yes** ☐ **No (Include a copy of the Signature Page.)**

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 Fire Chief or Designee **Printed name of Fire Chief or Designee** **Date**