

DPSST

CERTIFICATION MAINTENANCE LOG

F-15T

Due by July 1st of each year

Note: This form will only be used to verify completion of the maintenance training requirements. To have training hours added to the individual's DPSST training record an F-6 Course Attendance Roster must be completed for each training event.

DPSST Number	Name Last	First	M.I.	Date of Birth	Social Security Number
Agency					Date Employed

EMD Required 4 hours

Date(s)	Course Subject/Title	Course Number	Instructor	Hours

Telecommunicator Required 12 hours

Date(s)	Course Subject/Title	Course Number	Instructor	Hours

I certify that the information entered on this form has been verified and is substantiated by records maintained by this department. I understand that falsification of this document is subject to penalty under ORS 162.055, et al, ORS 162.305, and ORS 181.662.

Agency Head/Authorized Representative

Date

DPSST Staff Use Only

_____ EMD Training	Comments: _____
_____ Telecommunicator Training	
_____ Update to _____	