

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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**HAZARDOUS MATERIALS  
RESPONDERS**  
Application for Certification  
(Revised 07/08)

<b>DPSST Office Use Only</b>	
LEDS Check:	<input type="checkbox"/> OK
Levels:	_____
	_____
Date:	_____
Reviewer Initials:	_____

<b>Name:</b> _____	<b>DPSST Fire #:</b> _____
Last                      First                      MI	
<b>Applicant's Fire Agency:</b> _____	<b>Date of Birth:</b> _____

**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.**

FIRST RESPONDER OPERATIONS	TRAINING COMPLETED	DATE
85-06 Hazardous Materials Awareness		
85-07 Hazard & Risk Assessment		
85-08 Introduction to ICS		
85-09 Protective Clothing & Equipment		
85-10 Hazardous Materials Control		
85-11 Field Decontamination		
85-12 Termination Procedures		
85-13 Safety at Incidents		
05-11 Breathing Apparatus 1		

HAZARDOUS MATERIALS TECHNICIAN	TRAINING COMPLETED (looking for 160 hrs)	DATE
4.2 Analyzing the Incident		
4.3 Planning the Response		
4.4 Implementing the Response		
4.5 Evaluating the Progress		

SPECIALTY AREAS		
86-03 Clandestine Laboratories		
86-06 Transportation Emergencies		
86-07 Pesticides & Farm Chemicals		
86-09 Chemistry/Toxicology Basics		

- Is Applicant certified as First Responder Operations?  Yes  No
- Date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

ON SCENE INCIDENT COMMANDER	TRAINING COMPLETED	DATE
5.2 Analyzing the Problem		
5.3 Planning the Response		
5.4 Implementing Planned Response		
5.5 Evaluating the Progress		

- Is Applicant certified as First Responder Operations?  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