

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 DRIVER/  
APPARATUS OPERATOR**  
NFPA Standard No. 1002, Edition of 1998  
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) 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 DRIVER		TRAINING COMPLETED	DATE
2-2	Preventive Maintenance		
2-3	Driving/Operating		

- Has Applicant completed the requirements of NFPA Entry Level Fire Fighter?  Yes  No
  - Has Applicant completed the Driver Task Book?  Yes  No
- OR--The date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

NFPA PUMPER OPERATOR		TRAINING COMPLETED	DATE
3-1	General		
3-2	Operations		

- Is Applicant certified as NFPA Driver?  Yes  No
  - Is Applicant certified as NFPA Fire Fighter I?  Yes  No
  - Has Applicant completed the Pumper Operator Task Book?  Yes  No
- OR--The date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

NFPA AERIAL OPERATOR		TRAINING COMPLETED	DATE
4-1	General		
4-2	Operations		

- Is Applicant certified as NFPA Driver?  Yes  No
  - Is Applicant certified as NFPA Fire Fighter I?  Yes  No
  - Has Applicant completed the Aerial Operator Task Book?  Yes  No
- OR--The date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

NFPA TILLER OPERATOR		TRAINING COMPLETED	DATE
5-2	Operations		

- Is Applicant certified as NFPA Driver?  Yes  No
  - Is Applicant certified as NFPA Fire Fighter I?  Yes  No
  - Has Applicant completed the Tiller Operator Task Book?  Yes  No
- OR--The date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

NFPA WILDLAND FIRE OPERATOR		TRAINING COMPLETED	DATE
6-1	General		
6-2	Operations		

- Is Applicant certified as NFPA Driver?  Yes  No
  - Is Applicant certified as NFPA Fire Fighter I?  Yes  No
  - Has Applicant completed the Wildland Fire Operator Task Book?  Yes  No
- OR--The date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

NFPA AIRCRAFT RESCUE AND FIRE-FIGHTING OPERATOR		TRAINING COMPLETED	DATE
7-1	General		
7-2	Operations		

- Is Applicant certified as NFPA Driver?  Yes  No
  - Is Applicant certified as NFPA Fire Fighter I?  Yes  No
  - Has Applicant completed the Aircraft Rescue and Fire-Fighting Operator Task Book?  Yes  No
- OR--The date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

NFPA MOBILE WATER SUPPLY OPERATOR		TRAINING COMPLETED	DATE
8-1	General		
8-2	Operations		

- Is Applicant certified as NFPA Driver?  Yes  No
  - Is Applicant certified as NFPA Fire Fighter I?  Yes  No
  - Has Applicant completed the Mobile Water Supply Operator Task Book?  Yes  No
- OR--The date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

<p><b>ATTEST:</b> 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.</p>		
_____	_____	
Signature of Applicant	Date	
_____	_____	_____
Signature of Agency Head or Designee	Printed name of Agency Head or Designee	Date