

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

**WILDLAND INTERFACE**  
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.**

| WILDLAND INTERFACE FIRE FIGHTER |       | TRAINING COMPLETED | DATE |
|---------------------------------|-------|--------------------|------|
| 07-02                           | S-130 |                    |      |
| 07-03                           | S-190 |                    |      |

- Has Applicant completed requirements of Entry Level Fire Fighter?  Yes  No
- Has Applicant completed NWCG FFT2 Task Book\*?  Yes  No

| WILDLAND INTERFACE ENGINE BOSS |                | TRAINING COMPLETED | DATE |
|--------------------------------|----------------|--------------------|------|
| 08-02                          | S-205 or S-215 |                    |      |
| 08-03                          | S-290          |                    |      |
| 08-04                          | S-131          |                    |      |
| 08-05                          | S-230 or S-231 |                    |      |

- Is Applicant certified as Wildland Interface Fire Fighter?  Yes  No
- Has Applicant completed NWCG FFT1 Task Book\*?  Yes  No
- Has Applicant completed NWCG Wildland Interface Engine Boss Task Book\*?  Yes  No

| WILDLAND INTERFACE STRIKE TEAM/TASK FORCE LEADER |                | TRAINING COMPLETED | DATE |
|--|----------------|--------------------|------|
| 09-01  | S-330 or S-336 |                    |      |

- Is Applicant certified as Wildland Interface Engine Boss?  Yes  No
- Has Applicant completed NWCG Wildland Interface Strike Team/Task Force Leader Task Book\*?  Yes  No

| WILDLAND INTERFACE DIVISION/GROUP SUPERVISOR |       | TRAINING COMPLETED | DATE |
|--|-------|--------------------|------|
| 10-01  | I-300 |                    |      |
| 10-02  | S-390 |                    |      |
| 10-03  | S-339 |                    |      |

- Is Applicant certified as Wildland Interface Strike Team/Task Force Leader?  Yes  No
- Has Applicant completed NWCG Wildland Interface Division/Group Supervisor Task Book\*?  Yes  No

\*The National Wildfire Coordinating Group (NWCG) Task Books may be downloaded from the NWCG web site: [www.nwcg.gov](http://www.nwcg.gov)

|  |   |       |
|--|---|-------|
| <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. |   |       |
| _____  | _____                                   |       |
| Signature of Applicant   | Date                                    |       |
| _____  | _____                                   | _____ |
| Signature of Agency Head or Designee   | Printed name of Agency Head or Designee | Date  |