

PAF

Department of Public Safety Standards and Training

4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600



Agency Use Only
DPSST Fire Service #
Date
By

PERSONNEL / AGENCY FORM

(Revised 4/08)

Fire Service Agency Name

1. PERSONNEL

Name: Last	First	Middle Initial	Sex	Date of Birth	Social Security #	DPSST Fire #
			(M/F)	(Mandatory)	(Preferred)	

2. PERSONNEL ACTIVITY

New Employee <input type="checkbox"/>	Resigned <input type="checkbox"/>	Retired <input type="checkbox"/>	Deceased <input type="checkbox"/>
<i>Date:</i>	<i>Date:</i>	<i>Date:</i>	<i>Date:</i>
Leave of Absence <input type="checkbox"/>	Lay Off <input type="checkbox"/>	Failed Probation <input type="checkbox"/>	Discharged <input type="checkbox"/>
<i>Date:</i>	<i>Date:</i>	<i>Date:</i>	<i>Date:</i>
Discharged for Cause <input type="checkbox"/> <i>Date:</i>			
<i>Explanation Required. Refer to Revised 1-15-08 OAR 259-009-0070 (B) (Use Back of PAF for explanation)</i>			
Other <input type="checkbox"/> <i>Date:</i> <i>Explanation:</i>			

3. FIRE SERVICE AGENCY CHANGES ONLY

Agency Mailing Address		City	Zip
Agency Phone	Fax	Email	

Chief	Chief Contact Phone	Cell
Effective Date	Fax	Email

Training Officer	T.O. Contact Phone	Cell
Effective Date	Fax	Email

Authorized Signer	Contact Phone	Cell
Effective Date	Fax	Email

As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of information on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and is cause to deny or revoke DPSST certification(s). OAR 259-009-0010, requires fire agencies to submit this information to DPSST within thirty (30) business days after employment or change in employment status. If this form is not filled out completely, it will be returned unprocessed.

Signature: _____
(Authorized Representative)

_____ **Date**

Printed Name: _____