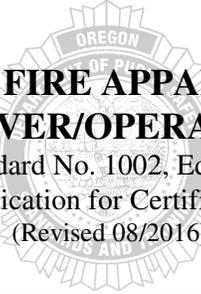


Department of Public Safety
Standards and Training
Fire Standards and Certification
4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

**NFPA FIRE APPARATUS
DRIVER/OPERATOR**
NFPA Standard No. 1002, Edition of 2009
Application for Certification
(Revised 08/2016)



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

Name: _____	DPSST Fire #: _____
Last First MI	Date of Birth: _____
Applicant's Fire Agency: _____	Social Security #*: _____
	<small>(Required)</small>

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a certificate.

In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course 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 will result in the application being returned.**

NFPA Fire Apparatus Driver/Operator (Driver)	TRAINING COMPLETED	DATE
4.2 Preventive Maintenance		
4.3 Driving/Operating		

- Has Applicant completed the NFPA Fire Apparatus Driver/Operator Task Book? Yes No
- OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Apparatus Equipped with Fire Pump (Pumper)	TRAINING COMPLETED	DATE
5.1 General		
5.2 Operations		

- Is Applicant certified as NFPA Fire Apparatus Driver/Operator? Yes No
- Is Applicant certified as NFPA Fire Fighter I? Yes No
- Has Applicant completed the NFPA Apparatus Equipped with Fire Pump Task Book? Yes No
- OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Apparatus Equipped with an Aerial Device (Aerial)	TRAINING COMPLETED	DATE
6.1 General		
6.2 Operations		

- Is Applicant certified as NFPA Fire Apparatus Driver/Operator? Yes No
- Is Applicant certified as NFPA Fire Fighter I? Yes No
- Has Applicant completed the NFPA Apparatus Equipped with an Aerial Device Task Book? Yes No
- OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Apparatus Equipped with a Tiller (Tiller)	TRAINING COMPLETED	DATE
7.2 Operations		

- Is Applicant certified as NFPA Fire Apparatus Driver/Operator? Yes No
- Is Applicant certified as NFPA Apparatus Equipped with an Aerial Device? Yes No
- Is Applicant certified as NFPA Fire Fighter I? Yes No
- Has Applicant completed the NFPA Apparatus Equipped with a Tiller Task Book? Yes No
- OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Wildland Fire Apparatus		TRAINING COMPLETED	DATE
8.1	General		
8.2	Operations		

- Is Applicant certified as NFPA Fire Apparatus Driver/Operator? Yes No
- Has Applicant completed the NFPA Wildland Fire Apparatus Task Book? Yes No
- OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Aircraft Rescue and Fire-Fighting Apparatus		TRAINING COMPLETED	DATE
9.1	General		
9.2	Operations		

- Is Applicant certified as NFPA Fire Apparatus Driver/Operator? Yes No
- Is Applicant certified as NFPA Fire Fighter II? Yes No
- Is Applicant certified as NFPA Airport Fire Fighter (NFPA 1003)? Yes No
- Has Applicant completed the NFPA Aircraft Rescue and Fire-Fighting Apparatus Task Book? Yes No
- OR-The date Applicant completed the Task Performance Evaluation: _____

NFPA Mobile Water Supply Apparatus		TRAINING COMPLETED	DATE
10.1	General		
10.2	Operations		

- Is Applicant certified as NFPA Fire Apparatus Driver/Operator? Yes No
- Has Applicant completed the NFPA Mobile Water Supply Apparatus Task Book? Yes No
- OR-The date Applicant completed the Task Performance Evaluation: _____

ATTEST: As an authorized signer I have reviewed this form for completeness and accuracy. I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0070.

AS THE APPLICANT: I am aware that a criminal history check will be conducted with submission of this application for certification. I understand that if I have been convicted of a crime(s) I may be subject to denial or revocation of my application or certification(s): Yes No

Signature of Applicant

Date

Signature of Agency Head or Designee

Printed name of Agency Head or Designee

Date