

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 JUVENILE FIRESETTER
 INTERVENTION SPECIALIST**

NFPA Standard No. 1035, Edition of 2000
 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: _____ <small>Last First MI</small>	DPSST Fire #: _____
Applicant's Fire Agency: _____	Date of Birth: _____
	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 Juvenile Firesetter Intervention Specialist I		TRAINING COMPLETED	DATE
6-1	General Requirements		
6-2	Administration		
6-4	Interviewing/Intervention		

- Has Applicant completed the Juvenile Firesetter Intervention Specialist I Task Book? Yes No

NFPA Juvenile Firesetter Intervention Specialist II		TRAINING COMPLETED	DATE
7-1	General Requirements		
7-2	Administration		
7-3	Planning & Development		

- Is Applicant certified as NFPA Juvenile Firesetter Intervention Specialist I? Yes No
- Has Applicant completed the Juvenile Firesetter Intervention Specialist II Task Book? Yes No

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