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 AIRPORT FIRE FIGHTER

NFPA Standard No. 1003, Edition of 2005
Application for Certification
(Revised 10/2011)

DPSST Office Use Only
LEDS Check: ☐ OK
Levels: _____
_____
_____
Date: _____
Reviewer Initials: _____

Name: _____ **DPSST Fire #:** _____
Last First MI

Applicant's Fire Agency: _____ **Date of Birth:** _____

TRAINING: In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course(s) 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, including providing appropriate documentation of coursework and/or signatures, will result in the application being returned.**

NFPA AIRPORT FIRE FIGHTER		TRAINING COMPLETED	DATE
6-1	General Requirements		
6-2	Response		
6-3	Fire Suppression		
6-4	Rescue		

- **Is applicant certified as an NFPA Fire Fighter I?** ☐ **Yes** ☐ **No**
- **Has applicant completed training for HazMat Operations?** ☐ **Yes** ☐ **No**
- **Has applicant completed a Task Book for Airport Fire Fighter?** ☐ **Yes** ☐ **No**

OR the DATE Applicant completed Task Performance Evaluations: _____

ATTEST: The information contained in this application is true and correct to the best of my knowledge. I understand that falsification of this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and is cause to deny or revoke a fire service professional certification under ORS 181.662.

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