

Department of Public Safety  
 Standards and Training  
 Fire Standards and Certification  
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 Salem, OR 97317  
 Phone: 503-378-2100  
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**NFPA FIRE INSTRUCTOR**  
 NFPA Standard No. 1041, Edition of 2007  
 Application for Certification  
 (Revised 10/2011)

<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) number(s), or the fire agency where training was completed. (See the Suggested Course Guide for a list of approved classes/courses.) **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 FIRE INSTRUCTOR I		TRAINING COMPLETED	DATE
4-2	Program Management		
4-3	Instructional Development		
4-4	Instructional Delivery		
4-5	Evaluation and Testing		

• Has Applicant completed the Fire Instructor I Task Book?  Yes  No

NFPA FIRE INSTRUCTOR II		TRAINING COMPLETED	DATE
5-2	Program Management		
5-3	Instructional Development		
5-4	Instructional Delivery		
5-5	Evaluation and Testing		

• Is Applicant certified as NFPA Fire Instructor I?  Yes  No  
 • Has Applicant completed the Fire Instructor II Task Book?  Yes  No

NFPA FIRE INSTRUCTOR III		TRAINING COMPLETED	DATE
6-2	Program Management		
6-3	Instructional Development		
6-4	Instructional Delivery		
6-5	Evaluation and Testing		

• Is Applicant certified as NFPA Fire Instructor II?  Yes  No

**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