



NFPA FIRE OFFICER III		TRAINING COMPLETED	DATE
6.2	Human Resource Management (FSA 313 & FSA 319) or equivalent		
6.3	Community & Government Relations (FSA 311) or equivalent		
6.4	Administration (FSA 315 & FSA 317 & FSA 319) or equivalent		
6.5	Inspection & Investigation (FSA 309) or equivalent		
6.6	Emergency Service Delivery (FSA 307) or equivalent		
6.7	Health & Safety (FSA 311) or equivalent		

- Is Applicant certified as NFPA Fire Officer II?  Yes  No
  - Is Applicant certified as NFPA Fire Instructor II?  Yes  No
  - Has Applicant completed the NFPA Fire Officer III Task Book?  Yes  No
- OR—The date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

NFPA FIRE OFFICER IV		TRAINING COMPLETED	DATE
7.1	General Requirements (SSc 407 Management Information Systems) or equivalent		
7.2	Human Resource Management (SSc 407 Labor Management Relations & FSA 419 & PSY 445) or equivalent		
7.3	Community & Government Relations (SSc 407 Local Government Administration / Community Politics & FSA 419) or equivalent		
7.4	Administration (SSc 407 Local Government Administration / Community Politics & FSA 419 & PSY 445) or equivalent		
7.5	Inspection & Investigation	No additional job performance requirements at this level.	N/A
7.6	Emergency Service Delivery (FSA 421 Master Planning for Emergency Services) or equivalent		
7.7	Health & Safety (SSc 407 Local Government Administration / Community Politics & PSY 445) or equivalent		

- Is Applicant certified as NFPA Fire Officer III?  Yes  No
  - Has Applicant completed the NFPA Fire Officer IV Task Book?  Yes  No
- OR—The date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

**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