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 INSPECTOR

NFPA Standard No. 1031, Edition of 2009
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) and number(s), or the fire agency where training was completed. **(For assistance please see the Suggested Course Guide)** 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 appropriate documentation of coursework and/or signatures, may result in the application being returned.**

NFPA FIRE INSPECTOR I		TRAINING COMPLETED	DATE
4.1	General		
4.2	Administration		
4.3	Field Inspection		
4.4	Plans Review	***There are no requirements in this subject area.***	***N/A***

- **Has Applicant completed NFPA 472 Hazardous Materials Awareness? ☐ Yes ☐ No**
- **Has Applicant successfully completed the Fire Inspector I written certification examination? ☐ Yes ☐ No**
- **Has Applicant completed the NFPA Fire Inspector I Task Book? ☐ Yes ☐ No**

NFPA FIRE INSPECTOR II		TRAINING COMPLETED	DATE
5.1	General		
5.2	Administration		
5.3	Field Inspection		
5.4	Plans Review		

- **Is Applicant certified as NFPA Fire Inspector I? ☐ Yes ☐ No?**
- **Has Applicant completed the NFPA Fire Inspector II Task Book? ☐ Yes ☐ No**

NFPA FIRE INSPECTOR III		TRAINING COMPLETED	DATE
6.1	General		
6.2	Administration		
6.3	Field Inspection		

- **Is Applicant certified as NFPA Fire Inspector II? ☐ Yes ☐ No?**
- **Has Applicant completed the NFPA Fire Inspector III Task Book? ☐ 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