

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 INVESTIGATOR**  
 NFPA Standards No. 1033, Edition of 2009  
 Application for Certification  
 (Revised 08/2016)

<b>DPSST Office Use Only</b>	
LEDS Check: <input type="checkbox"/>	OK
OECI Check: <input type="checkbox"/>	OK
Levels: _____	
Date: _____	
Reviewer Initials: _____	

<b>Name:</b> _____	<b>DPSST Fire #:</b> _____
Last                      First                      MI	<b>Date of Birth:</b> _____
<b>Applicant's Fire Agency:</b> _____	<b>Social Security #*:</b> _____
	<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 FIRE INVESTIGATOR		TRAINING COMPLETED	DATE
4.1	General		
4.2	Scene Examination		
4.3	Documenting the Scene		
4.4	Evidence Collection/Preservation		
4.5	Interview/Interrogation		
4.6	Post-Incident Investigation		
4.7	Presentations		

- Does applicant hold a valid IAAI Fire Investigator Certification?  Yes  No  
 -OR- If applicant does not hold the IAAI Fire Investigator Certification, NAFI Certification or CFEI Certification has the applicant completed the DPSST State written certification examination?  Yes  No
- Has applicant successfully completed the NFPA Fire Investigator 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