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 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 certified class number(s), college/university course(s) and number(s), or the fire agency where training was received. **(See the Suggested Course Guide for assistance.)** 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 unprocessed.**

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: 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