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 JUVENILE FIRESETTER INTERVENTION SPECIALIST

NFPA Standard No. 1035, Edition of 2000
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 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 Juvenile Firesetter Intervention Specialist I		**TRAINING COMPLETED**	**DATE**
6-1	General Requirements		
6-2	Administration		
6-4	Interviewing/Intervention		

- **Has Applicant completed the Juvenile Firesetter Intervention Specialist I Task Book?** ☐ **Yes** ☐ **No**

NFPA Juvenile Firesetter Intervention Specialist II		**TRAINING COMPLETED**	**DATE**
7-1	General Requirements		
7-2	Administration		
7-3	Planning & Development		

- **Is Applicant certified as NFPA Juvenile Firesetter Intervention Specialist I?** ☐ **Yes** ☐ **No**
- **Has Applicant completed the Juvenile Firesetter Intervention Specialist II 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