

Department of Public Safety
Standards and Training
Fire Standards and Certification
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Salem, OR 97317
Phone: 503-378-2100
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NFPA MARINE FIRE FIGHTING FOR LAND BASED FIRE FIGHTERS

NFPA Standard No. 1005, Edition of 2007
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 MARINE FIRE FIGHTER I	TRAINING COMPLETED	DATE
5.1 General Requirements		
5.2 Access		
5.3 Response		
5.4 Communications		
5.5 Command		

- Is Applicant's certified as an NFPA Fire Fighter II? Yes No
- Has Applicant completed Hazardous Materials Awareness? Yes No
- Has Applicant completed the Marine Land Based Fire Fighter I Task Book? Yes No

NFPA MARINE FIRE FIGHTER II	TRAINING COMPLETED	DATE
6.1 General Requirements		
6.2 Access		
6.3 Response		
6.4 Communications		
6.5 Command		

- Is Applicant certified as NFPA Marine Land Based Fire Fighter I? Yes No
- Has Applicant completed the Marine Land Based Fire Fighter 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