

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



FIRE GROUND LEADER
 Application for Certification
 (Revised 08/2016)

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

Name: _____	DPSST Fire #: _____
Last First MI	Date of Birth: _____
Applicant's Fire Agency: _____	Social Security #*: _____
	<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.**

NOTE: Prior to applying for certification please review the Fire Ground Leader Guide to Certification

FIRE GROUND LEADER	TRAINING COMPLETED	DATE
Building Construction <i>(Non-Combustible and Combustible)</i>		
Emergency Service Delivery		
Fire Behavior		
Fire Ground Safety		
Water Supply Operations		

- Is Applicant certified as NFPA Fire Fighter II? Yes No
 - Has Applicant completed the Fire Ground Leader Task Book? Yes No
- OR- the DATE Applicant completed Task Performance Evaluations: _____

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