DPSST Use Only
LEDS Check: ☐ OK
OECI Check: ☐ OK
Approved: _____
_____
_____
Rejected: _____
Date: _____
By: _____

OREGON DEPARTMENT OF PUBLIC SAFETY
STANDARDS AND TRAINING

F-9F

Professional Fire Instructor Certification Application to Instruct an Approved DPSST Course

(Revised 08/2016)

Failure to complete ALL fields *WILL* result in the rejection of this application.
It will be mailed back to you with a letter of explanation.

Last Name, First Name, M.I. | Social Security Number* (Mandatory) | DOB | Gender (M/F)

*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 reject your application.

Agency or Company Name | DPSST Fire Number

Applicant Mailing Address | City | State | Zip Code

Primary Phone | Secondary Phone | Fax Number | Email Address (Optional)

1. Certified course number(s) you're applying to instruct: _____

Certified course numbers are available on our website at http://www.oregon.gov/DPSST/FC/docs/Form/CourseList.pdf

2. If the Provider listed is a Fire Agency (Fire Department) you must attach written consent to use their curriculum.

3. Are you certified as an NFPA Fire Instructor I? ☐ Yes ☐ No
   If NO, please attach your Professional Instructor Resume.

4. Are you DPSST certified in the level(s) requesting to instruct? ☐ Yes ☐ No
   If NO,
   Have you taken and completed the course(s) requesting to instruct? **Attach proof.** ☐ Yes ☐ No
   If NO, please attach your experience with the subject(s), Professional Instructor Resume and Completion Certificate(s).

5. Optional: ☐ Yes, I would like to have my Approval Letter, NOCC and Roster sent to my email address, ***instead*** of receiving hard copies in the mail. *(please provide email address in the section above)*

ATTEST: I have reviewed this application 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**

Applicant Signature | **Applicant Name (Please Print)** | **Date**

Submit to:
Department of Public Safety Standards and Training
Attn: Fire Certification
4190 Aumsville Hwy SE, Salem, OR 97317
Phone: (503) 378-2100 Fax: (503) 378-4600

*NOTE: It is your responsibility, as the instructor, to **submit** a completed **roster** to DPSST **within 30 days** of instructing a certified course.*