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| DPSST Office Use Only |
| Approved: |
| Rejected: |
| Date: |
| By: |

F-9F: Request to Instruct an Approved DPSST Fire Course

Email: DPSST.Fire@DPSST.Oregon.gov
 Mail: 4190 Aumsville Hwy SE; Salem OR 97317
 Fax: 503-378-4600
 Questions? Call DPSST at 503-378-2100
 Revised November 2025



INSTRUCTOR PERSONAL INFORMATION

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|---------------------------------------------------------|------------|------------|----------------------|-----------------------------------|
| Last Name | First Name | Middle Inl | Date of Birth | DPSST Fire # (Leave Blank if New) |
| Email Address (we'll email you results of your request) | | | Primary Phone Number | Secondary Phone Number |
| Fire Service Agency or Company Name | | | | |

COURSE AND QUALIFICATION INFORMATION

1. Find DPSST's list of approved fire courses [here](#) and provide the certified course number(s) you are applying to instruct. You may attach pages with additional course numbers if needed. If the provider on the course list is a fire service agency, you must attach written consent to use their curriculum.

2. Are you certified as an NFPA Fire Instructor I or an NFPA Fire and Emergency Services Instructor I through DPSST? Yes ☐ No ☐
 IF YES, move to question 3.
 IF NO, please attach a professional instructor resume then move to question 3.

3. For structural and prevention courses, are you DPSST certified in the level(s) you are requesting to instruct? For NWCG courses, are you qualified to instruct according to [NWCG's Standards for Course Delivery](#)? Yes ☐ No ☐
 IF YES, move to signature section.
 IF NO, for structural and/or prevention courses please attach your experience with the subject(s), professional instructor resume, and/or completion certificates. For NWCG courses, NWCG standards and Oregon Administrative Rule (OAR) require qualification in specified areas. Please apply when you have met the qualifications.

SIGNATURE

As the requestor, I understand that falsification of this document makes my certifications subject to denial or revocation under ORS 181A.640 and OAR 259-009-0120.

Signature of Requester

Date