

NFPA Support Person
NFPA Standard No. 1010, Edition of 2024
Application for Certification
(Revised 10/2024)

DPSST Office Use Only

LEDS Check: ☐ OK

OECI Check: ☐ OK

Levels: Support Person ☐

Reviewer Initials: _____

Date: _____

Name: _____ <div style="text-align: center; margin-top: -10px;"> Last First MI </div>	DPSST Fire #: _____ Date of Birth: _____ Social Security #*: _____ <div style="text-align: center; font-size: small;">(Required)</div>
Applicant's Fire Agency: _____	

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.**

NFPA Support Person		TRAINING COMPLETED	DATE
5.1	General	-----	
	For qualification as support person, the candidate shall meet the requirements in Chapters 4 and 5 and in Chapter 5 of NFPA 470 (training requirements for NFPA Hazmat Awareness)		
5.1.1	Fire Department Orientation		
5.1.2	Personal Protective Equipment (PPE)		
5.2	Communications		
5.3	Incident Support Operations	-----	
	Respiratory Protection		
	Apparatus and PPE response		
	Establish Protected Work Area		
	Hoses		
	Portable Fire Extinguishers		
	Emergency Scene Lighting		
	Building Utilities (Non-Hazardous)		
	Ropes & Knots		
5.4	Rescue Operations	N/A	
5.5	Preparedness and Maintenance	Complete per AHJ (No class required)	

- **Has Applicant met the minimum requirements for Emergency Medical Services defined in NFPA 1010 Chapter 10 as determined by the Authority Having Jurisdiction (AHJ)?** ☐ Yes ☐ No
- **Has Applicant completed the NFPA Support Person Task Book?** ☐ Yes ☐ No
OR--The date Applicant completed the Task Performance Evaluation: _____
- **Does Applicant possess *3-months of experience prior to applying for certification* as determined by the AHJ?**
☐ Yes ☐ No

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 259-009-0120.

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

***If submitting applications through the online portal no signatures are needed on the application.
Mailed, faxed and emailed applications still require both signatures.**

Fire Certification Fingerprint Requirement Information

Oregon Revised Statutes (ORS) and Oregon Administrative Rule (OAR) prohibit fire service professionals who have been convicted of disqualifying crimes from holding National Fire Protection Association (NFPA), National Wildland Coordinating Group (NWCG), or Oregon-specific fire service certifications in the state. To ensure that applicants for fire service certification have not been convicted of disqualifying crimes, DPSST must conduct a state and national criminal background check. A part of this background check requires any applicant for fire service certification who has never been fingerprinted for the purposes of certification, be fingerprinted. Completion of the fingerprint requirement must be done at the time of submitting an E-1 Form or an Application for Certification and is a ON-TIME requirement. For more information on the fingerprint requirement, please see the Fire Program's fingerprint webpage here:

<https://www.oregon.gov/dpsst/FirePrograms/Pages/Cert%20Fingerprint-Requirement-Information.aspx>.

All applicants undergoing a fingerprint-based Federal Bureau of Investigation (FBI) record check which includes firefighters applying for DPSST Fire Certifications or utilizing the E-1 Form, must be provided an adequate written FBI Privacy Act statement and procedures for accessing and amending an FBI identification records prior to fingerprinting. If the applicant has not yet being fingerprinted for fire Service certification purposes, please share the below information with them prior to fingerprinting. This statement can be disregarded if the firefighter has already been fingerprinted for fire service certification purposes, but must be provided to those that have not yet completed the fingerprint requirement. To check if a firefighter has already completed their fingerprint requirement, please view their information on the [Oregon Fire Service Information Records Inquiry System \(IRIS\)](#).

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and FBI Record Access and Amendment

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>