

Department of Public Safety
Standards and Training
Fire Standards and
Certification
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Salem, OR 97317
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NFPA 1072
HAZARDOUS MATERIALS/WEAPONS
OF MASS DESTRUCTION
NFPA Standard No. 1072, Edition of 2017
Application for Certification
(Revised 03/2023)

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

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First MI </div>	DPSST Fire #: _____ Date of Birth: _____ Social Security #*: _____ <div style="text-align: right; font-size: x-small;">(Required)</div>
Applicant's Fire Agency: _____	

*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.**

NFPA Hazardous Materials Awareness		TRAINING COMPLETED	DATE
4.1	General		
4.2	Recognition and Identification		
4.3	Initiate Protective Actions		
4.4	Notification		

- Has Applicant completed the NFPA Hazardous Materials Awareness Task Book? ☐ Yes ☐ No
- OR- The date Applicant completed the Task Performance Evaluation: _____

NFPA Hazardous Materials Operations		TRAINING COMPLETED	DATE
5.1	General		
5.2	Identify Potential Hazards		
5.3	Identify Action Options		
5.4	Action Plan Implimentation		
5.5	Emergency Decontamination		
5.6	Progress Evaluation and Reporting		

- Is Applicant certified in NFPA Hazardous Materials Awareness? ☐ Yes ☐ No
- Has Applicant completed the NFPA Hazardous Materials Operations Task Book? ☐ Yes ☐ No
- OR- The date Applicant completed the Task Performance Evaluation: _____

NFPA Hazardous Materials Operations Mission-Specific		TRAINING COMPLETED	DATE
6.1	General		
6.2	Personal Protective Equipment		
6.3	Mass Decontamination		
6.4	Technical Decontamination		
6.5	Evidence Preservation and Public Safety Sampling		
6.6	Product Control		
6.7	Detection, Monitoring, and Sampling		
6.8	Victim Rescue and Recovery		
6.9	Response to Illicit Laboratories		

- Is Applicant certified in NFPA Hazardous Materials Operations? ☐ Yes ☐ No
- Has Applicant completed the NFPA Hazardous Materials Operations Mission-Specific Task Book? ☐ Yes ☐ No
- OR- The date Applicant completed the Task Performance Evaluation: _____

NFPA HAZARDOUS MATERIALS TECHNICIAN		TRAINING COMPLETED	DATE
7.1	General		
7.2	Analyzing the Incident		
7.3	Response Planningsponse		
7.4	Action Plan Implementation		
7.5	Evaluating and Reporting Progress		
7.6	Terminating the Incident		

- Is Applicant certified in NFPA Hazardous Materials Operations? ☐ Yes ☐ No
- Has Applicant completed the NFPA Hazardous Materials Technician Task Book? ☐ Yes ☐ No
- OR- The date Applicant completed the Task Performance Evaluation: _____

NFPA HAZARDOUS MATERIALS INCIDENT COMMANDER		TRAINING COMPLETED	DATE
8.1	General		
8.2	Analyzing the Incident		
8.3	Planning the Response		
8.4	Implement the Incident Action Plan (IAP)		
8.5	Evaluating Progress and Adjust IAP		
8.6	Termination		

- Is Applicant certified in NFPA Hazardous Materials Operations? ☐ Yes ☐ No
- Has Applicant completed the NFPA Hazardous Materials Incident Commander Task Book? ☐ Yes ☐ No
- OR- The date Applicant completed the Task Performance Evaluation: _____

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

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>