

Department of Public Safety  
Standards and Training  
Fire Standards and Certification  
4190 Aumsville Hwy SE  
Salem, OR 97317  
Phone: 503-378-2100  
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**NFPA Airport Fire Fighter**  
NFPA Standard No. 1003, Edition of 2019  
Application for Certification  
(Revised 12/2019)

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

<b>Name:</b> _____ Last First MI	<b>DPSST Fire #:</b> _____
<b>Applicant's Fire Agency:</b> _____	<b>Date of Birth:</b> _____
	<b>Social Security #*:</b> _____ (Required)

\*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 application for certification please see the NFPA Airport Fire Fighter Guide to Certification**

NFPA AIRPORT FIRE FIGHTER		TRAINING COMPLETED	DATE
4.1	General		
4.2	Response		
4.3	Fire Suppression		
4.4	Rescue		

- Is applicant certified as a NFPA Fire Fighter II?  Yes  No
- Has applicant completed the NFPA Airport Fire Fighter Task Book?  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