

Stay In"Form"ed

On average, the Fire Program receives and processes 4,275 Personnel/Agency Forms (PAF) per year. This form is how Oregon fire service agencies inform DPSST who is affiliated with their agency, who is leaving the agency, update addresses and contact information, and let us know about changes in Chiefs, Training Officers and Agency Authorized Signers. If we don't receive a PAF form or an update in the BOSS system there is no way for DPSST to know about these changes at your agency. See the form below to see some tips and notes to help you fill out the form, save time, and keep your agency information up to date as easily as possible.

PAF

DPSST Office Use Only
DPSST Fire Service #
Date
By

Department of Public Safety Standards and Training

4190 Aumsville Hwy SE
Salem, OR 97317
Phone: 503-378-2100
Fax: 503-378-4600

PERSONNEL / AGENCY FORM
(Revised 1/29/18)

If the personnel has a DPSST number put it here. If they do not then leave it blank and one will be assigned.

The submitting agency must provide the name of the agency they are submitting for.

Fire Service Agency Name

If submitting information for personnel fill out this section.

1. PERSONNEL

Name: Last	First	Middle Initial	Sex	Date of Birth	US Veteran?	DPSST Fire #
			(M/F)	(Mandatory)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Tell us what action is being taken, please note we always need a date for this action.

2. PERSONNEL ACTIVITY

New Employee <input type="checkbox"/> Date: _____	Resigned <input type="checkbox"/> Date: _____	Retired <input type="checkbox"/> Date: _____	Deceased <input type="checkbox"/> Date: _____
Background Investigation Completed Yes <input type="checkbox"/> No <input type="checkbox"/>			
Leave of Absence <input type="checkbox"/> Date: _____	Lay Off <input type="checkbox"/> Date: _____	Failed Probation <input type="checkbox"/> Date: _____	Discharged – Performance <input type="checkbox"/> Date: _____ Discharged – Behavior <input type="checkbox"/> Date: _____
Other or Name Change <input type="checkbox"/> Date: _____ Explanation: _____			

If hiring a new employee, a background check must be done. If this is not marked or marked as no, the form will not be processed.

3. FIRE SERVICE AGENCY CHANGES ONLY

Agency Mailing Address	Only fill this out if updating agency address.
Agency Phone	Fax
Email	

Chief	Chief Contact Phone	Cell
Effective Date	Fax	Email

Training Officer	Fax	Cell
Effective Date	Fax	Email

Authorized Signer	Contact Phone	Cell
Effective Date	Fax	Email

Remove a Chief, Training Officer, or Authorized Signer:	Effective Date:
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Use this box to remove an agency designee. Please note: this does not remove them from the agency. It only removes them as an authorized signer. If they resign, retire, etc. please also use the Personnel Activity section to indicate this.

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. OAR 259-009-0010 requires fire agencies to submit this information to DPSST within thirty (30) business days after employment or change in employment status. If this form is not filled out completely, it will be returned unprocessed.

Signature: _____
(Signature of Agency Head or Designee)

Printed Name: _____

Date: _____

This form can only be signed by an authorized signer which includes the Chief, Training Officer, or authorized signer as noted by a PAF. If you don't know who those people are at your agency, give us a call and we can help. You CANNOT sign your own form!