



# Fire and Life Safety Competency Recognition Application

## Applicant Information:

**Name:** \_\_\_\_\_ **DPSST Fire #:** \_\_\_\_\_  
(Last) (First) (MI)

**Job Title:** \_\_\_\_\_ **Fire Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(City) (State) (Zip Code)

**Day Phone:** \_\_\_\_\_ **Fire Chief:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## Applying for the Following Recognition Level:

## Certificates and Specialized Training:

List any *required* certificates or specialized training.

	Description	Issuing Agency	Cert. No.	Issue Date	Date Exp.
1	Authorities and Responsibilities - OSFM				N/A
2					
3					
4					
5					
6					
7					

### CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of evaluating your recognition status, whether made by me or by others at my request, will result in rejection of my application, or revocation of my recognition status if discovered after recognition has been approved. I certify that all statements contained herein are true and complete whether made by me or others at my request.

Signature	Date:
Fire Chief / Training Officer Signature	Best Contact No:

### DO NOT WRITE BELOW THIS LINE / office use only

Include a photocopy of the required **transcripts, certificates and specialized training to support the level of recognition that you are applying for**

**Send your completed application to:**

Office of State Fire Marshal  
 Fire & Life Safety Services  
 Attn: Shari Barrett  
 3565 Trelstad Ave SE  
 Salem, Oregon 97317

**or email to:** [osfm.ofc@osp.oregon.gov](mailto:osfm.ofc@osp.oregon.gov)

- Authorities and Responsibilities
- Access and Water Supply
- DPSSTs NFPA Fire Inspector (I, II or III)
- ICC Inspector (I or II)
- OFC Amend. Class (current code cycle)
- Basic Mechanical Code
- Basic Building Code

If challenging a requirement, a brief letter explaining requirement being challenged and why