



Fire and Life Safety Competency Recognition Application

Applicant Information:

Name: _____ (Last) _____ (First) _____ (MI) DPSST Fire #: _____

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

- Authorities and Responsibilities
- Access and Water Supply
- DPSSTs NFPA Fire Inspector (I, II or III)
- ICC Inspector (I or II)
- OFC Amend. Class Certificate of Attendance (current)
- Basic Mechanical Code
- Basic Building Code
- If challenging a requirement, a brief letter explaining requirement being challenged and why