

Department of Public Safety  
Standards and Training  
Fire Standards and Certification  
4190 Aumsville HWY SE  
Salem, OR 97317  
Phone: 503-378-2100

# HAZARDOUS MATERIALS RESPONDERS

Application for Certification  
(Revised 03/08)

DPSST Office Use Only  
LEDS Check:  ok  
Levels: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
Reviewer Initials: \_\_\_\_\_

Name: \_\_\_\_\_ (Last) (First) (MI)      **DPSST Fire #:** \_\_\_\_\_  
**Applicant's Fire Agency:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_

**TRAINING:** In the "Training Completed" column record all applicable DPSST certified course number(s), college/university course(s) 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, including providing appropriate documentation of coursework and/or signatures, will result in the application being returned.**

FIRST RESPONDER OPERATIONS	TRAINING COMPLETED	DATE
85-06 Hazardous Materials Awareness		
85-07 Hazard & Risk Assessment		
85-08 Introduction to ICS		
85-09 Protective Clothing & Equipment		
85-10 Hazardous Materials Control		
85-11 Field Decontamination		
85-12 Termination Procedures		
85-13 Safety at Incidents		
05-11 Breathing Apparatus 1		

HAZARDOUS MATERIALS TECHNICIAN	TRAINING COMPLETED (looking for 160 hrs)	DATE
4.2 Analyzing the Incident		
4.3 Planning the Response		
4.4 Implementing the Response		
4.5 Evaluating the Progress		

**SPECIALTY AREAS**

86-03 Clandestine Laboratories		
86-06 Transportation Emergencies		
86-07 Pesticides & Farm Chemicals		
86-09 Chemistry/Toxicology Basics		

- Is Applicant certified as First Responder Operations?  Yes  No
- Date Applicant completed the Task Performance Evaluation: \_\_\_\_\_

ON SCENE INCIDENT COMMANDER	TRAINING COMPLETED	DATE
5.2 Analyzing the Problem		
5.3 Planning the Response		
5.4 Implementing Planned Response		
5.5 Evaluating the Progress		

- Is Applicant certified as First Responder Operations?  Yes  No

**ATTEST:** The information contained in this application is true and correct to the best of my knowledge. I understand that a false or misleading statement on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and may be cause to deny or revoke a fire service professional certification.

\_\_\_\_\_  
Signature of Applicant      \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Head or Designee      \_\_\_\_\_  
Printed name of Agency Head or Designee      \_\_\_\_\_  
Date