DPSST Office Use Only
Approved:
Rejected:
Date:
Ву:

Signature of Requester

Oregon Department of Public Safety Standards and Training

F-9F: Request to Instruct an Approved DPSST Fire Course





Date

Revised November 2020					
INSTRUCTOR PERSONAL INFORMATION					
Last Name	First Name	Middle Inl	Date of Birth	DPSST Fire # (Leave Blank if New)	
Last Name	That Name	Wildale IIII	Date of birth	DI 331 THE # (Leave Blank II New)	
Email Address (we'll email you results of your request)			Primary Phone Number	Secondary Phone Number	
Fire Service Agency or Company Name					
COURSE AND QUALIFICATION INFORMATION					
number(s) you are applying to instruct. You may attach pages with additional course numbers if needed. If the provider on the course list is a fire service agency, you must attach written consent to use their curriculum. 2. Are you certified as an NFPA Fire Instructor I or an NFPA Fire and Emergency Services Instructor I through DPSST? Yes No If YES, move to question 3. IF NO, please attach a professional instructor resume then move to question 3.					
3. For structural and prevention courses, are you DPSST certified in the level(s) you are requesting to instruct? For NWCG courses, are you qualified to instruct according to NWCG's Standards for Course Delivery ? Yes No					
IF YES, move to signature section.					
IF NO, for structural and/or prevention courses please attach your experience with the subject(s), professional instructor resume, and/or completion certificates. For NWCG courses, NWCG standards and Oregon Administrative Rule (OAR) require qualification in specified areas. Please apply when you have met the qualifications.					
SIGNATURE					
· ·	nderstand that falsifica		ocument makes my certifica	tions subject to denial or revocation	